Test Name: **17-Hydroxypregnenolone, Serum**
Test Mnemonic: 17PREG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **17-Hydroxyprogesterone, Serum**
Test Mnemonic: 17OH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to Lab ASAP as specimen must be spun and frozen within one hour of collection.
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send out via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Must separate and freeze within 1 hour of collection.

Test Name: **18-Oh Corticosterone**
Test Mnemonic: 18-OH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must be spun down within 1 hour of collection; send to Lab ASAP!
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:

Specimen MUST be spun down within 1 hour
of collection!

Test Name: **21 Hydroxylase Mutation**
Test Mnemonic: CAHDETX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 14-21 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **3-Hydroxy-Glutaric Acid, Serum**
Test Mnemonic: 3OHGLUT
Department: LAB - Metabolic Lab Send Out

1COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.0 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days
TESTING HOURS:
TURN-AROUND-TIME:
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 13102

Test Name: **5-Nucleotidase**
Test Mnemonic: 5NUCLEO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **7-Dehydrocholesterol**
Test Mnemonic: 7DHC
Department: LAB - Metabolic Lab Send Out

Test Name: **A1 Typing**
Test Mnemonic: A1

Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

Test Name: **A1a Antitrypsin**
Test Mnemonic: AAT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1 ml Blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport:Send via Tube System
Testing Days/Hours: Tested Monday, Thursday 0800-1400; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: Special Immunology/1804
**Lab Processing Instructions:
Testing requires cell-free serum! Spin X 2 if necessary to clear serum of RBCs. Gross hemolysis and lipemia may interfere with results.

Test Name: **A1c Hemoglobin**
Test Mnemonic: A1C
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINER: Purple top vacutainer or microtainer
COLLECTION INSTRUCTIONS:
Specimen Container: 2 ml Purple Top Vacutainer
Volume Required: 1 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon-Fri 0700-1500; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310
Lab Processing Instructions: **Do NOT Spin

Test Name: **Aarskog Scott Syndrone (Fgd1)**
Test Mnemonic: FGD1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Abca3 Related Surfactant Def**
Test Mnemonic: ABCA3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetaminophen Level**
Test Mnemonic: ACETO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: 1 Full Green or 1 Full Gold Microtainer or 1 ml in Gold Top Vacutainer
Volume Required: 1 ml
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Acetoacetate, Ket Bodies Qt**
Test Mnemonic: AA
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Send to Lab on ice ASAP
Specimen Container: 2 ml Purple Top Vacutainer
Volume Required: 2 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Tuesday 0700-1500; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-7 days, depending on day of collection
Lab Section/Phone Extension: Chemistry/Metabolics 1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST

SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Acetylcholine Rec.Blocking Ab**
Test Mnemonic: ACERBLOCK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetylcholine Rec.Modulating**
Test Mnemonic: ACERMOD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acetylcholine Receptor Binding**
Test Mnemonic: ARA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Acid Labile Subunit**
Test Mnemonic: ALS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MINIMUM VOLUME DOES NOT PERMIT
REPEAT ANALYSIS
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 1ML BLOOD (0.5ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: ALTERNATE MONDAYS
Turn Around Time: 4-17 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN AND SEPARATE CELLS FROM
SERUM AND FREEZE SERUM ASAP

Test Name: **Acid Phosphatase**
Test Mnemonic: ACP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/24 HOURS/DAY
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN AND SEPARATE SERUM
FREEZE SERUM ASAP

Test Name: **Act Partial Thrombo Time (Ptt)**
Test Mnemonic: PTT
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Procedure Limitation:Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from heparinized
lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer
(correct specimen volume is crucial; tube must
be filled according to BD Vacutainer Plastic
Citrate Tube Draw Volume Guide, available from
the Laboratory. Filling the tube to just below
the blue arrow in the top center of the label
will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from

the same specimen.

Test Name: **Activated Protein C Resistance**
Test Mnemonic: APCR
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Acylcarnitine Panel**
Test Mnemonic: AC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
CONTAINERS: Green top vacutainer
SPECIMEN REQUIRED: 1.0 ml blood
MINIMUM SPECIMEN REQUIREMENT: 1.0 ml blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Clinical History Form completed by physician MUST accompany specimen!!
SEND OUT: NO, TESTING DAYS: M-F, but may collect 7days/week/24hr/day
LIMITATION TO PROCEDURE:**NOTE**URINE ACYLCARNITINE PROFILES ONLY DIAGNOSTIC IF PT IS ON L-CARNITINE TX OR SAMPLE COL 4-8HRS AFTER CARNITINE LOAD,LONG CHAIN DEFECTS NOT DETECTABLE IN URINE*******
TURN-AROUND-TIME: 7-14 Days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, REMOVE PLASMA, AND FREEZE WITHIN ONE HOUR OF COLLECTION.

Test Name: **Acylcarnitine/Carnitine Panel**
Test Mnemonic: ACCP
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

PRIMARY PRESENTING SYMPTOMS: _____

_____

ABNORMAL LAB TESTS: _____

_____

SUSPECTED DIAGNOSIS: _____

INFANT FORMULA/DIET: _____

_____

Test Name: **Acylcarnitine/Carnitine Panel**
Test Mnemonic: ACCP
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 3 ml blood
MINIMUM SPECIMEN REQUIREMENT: 3 ml blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Clinical history form MUST accompany specimen.
SEND OUT: NO
TESTING DAYS: Monday & Wednesday
TESTING HOURS: 0600-1430
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311
*LAB PROCESS INSTRUCTIONS: Spin, separate, freeze plasma ASAP

Test Name: **Adamts13 Activity**
Test Mnemonic: ADAMTS13
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Adamts13 Inhibitor**
Test Mnemonic: ADAMTS13 INH
Department: LAB - Coagulation

Test Name: **Adenosine Deaminase, Rbc**
Test Mnemonic: ADRBC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN, DO NOT FREEZE

Test Name: **Adenovirus 40/41 Antigen**
Test Mnemonic: ADENO
Department: LAB - Virology

Container: White swab
Volume: Stool must be visible on swab
Special Instructions: Resulted on Mon, Wed, and Fri only.

Test Name: **Adenovirus Antigen By Ifa**
Test Mnemonic: ADENOAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Nasal wash or sputum OR nasal aspirate
OR sputum
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Adenovirus Eia**
Test Mnemonic: ADENOEIA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Nasal wash or sputum OR nasal aspirate
OR sputum
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Adrenal/21 Hydroxylase Aby**
Test Mnemonic: ADRENABY

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUESDAYS
Turn Around Time: 2-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Adrenocorticotropic Hormone**
Test Mnemonic: ACTH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 - 7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Afb Stain And Culture**
Test Mnemonic: AFB
Department: MIC - Mycobacteriology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue- sterile cup
Fluid - sterile cup, tube, or capped syringe
Blood - MycoF Lytic bottle (red/white cap)
If the above can not be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: 1-5mL (blood) in Myco/F Lytic bottle; 1-10 mL of fluid, tissue, as available, culturette
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Prelim 2 weeks; Final 6 weeks
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Aire Gene Analysis**
Test Mnemonic: AIRE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Aire Gene Analysis Tier 2**
Test Mnemonic: AIRE2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alagille Amplified**
Test Mnemonic: JAG1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alagille Del/Dup**
Test Mnemonic: JAG1 DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Albright Hereditary Osteodys**
Test Mnemonic: AHOSTEO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Albumin**
Test Mnemonic: ALB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.6 ML BLOOD *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Albumin/Globulin Ratio**
Test Mnemonic: A/G
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 0.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Alcohol Chromatography, Volat**

Test Mnemonic: ALCQ
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
Patient Preparation: *Do NOT Prep arm with alcohol for collection*
Specimen Container: Gold Top Vacutainer
Volume Required: 1.5 ml blood, *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-1700 Mon-Fri; Preferred collection 0700-1700 Mon-Fri (Off-Shift testing requires path consult and call-back)
Turn Around Time: 6-8 hours
Lab Section/Phone Extension: Chemistry/Metabolics/1310
**Lab Processing Instructions: *Receiving personnel, please notify Shift Supervisor, Chemistry Supervisor or Pathologist on-Call immediately.

Test Name: **Alcohol Level**
Test Mnemonic: ALC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Limitation to Procedure: *Do NOT prep arm with alcohol for collection.*
Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.5 ml blood, *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done 7 days/week, 24 hours/day; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Ald Diet Study**
Test Mnemonic: ADS
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple tope vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Lab/Extension 1311

Test Name: **Aldolase, Serum**
Test Mnemonic: ALD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24 HOURS/DAY
Turn Around Time: 3-4 DAYS

Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300

Test Name: **Aldosterone**
Test Mnemonic: ALDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Alk Phos Isoenzymes**
Test Mnemonic: ALPISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: OVERNIGHT FASTING IS RECOMMENDED
Limitation to Procedure: N/A
Specimen Container: GOLD OR GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 5-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alkaline Phosphatase**
Test Mnemonic: ALK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Almond Rast**
Test Mnemonic: RALM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL

serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Alpha 1 Antitrypsin Clearance**
Test Mnemonic: CA1A
Department: LAB - Referred Serology

Test Name: **Alpha 1 Antitrypsin Dna Test**
Test Mnemonic: A1ANTDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO AMBRY GENETICS

**Lab Processing Instructions: WHOLE BLOOD *DO NOT SPIN*

Test Name: **Alpha 1 Antitrypsin Phenotype**
Test Mnemonic: AATPH
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology/1871

Test Name: **Alpha Fetoprotein Quant**
Test Mnemonic: ALFETOQ
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Limitation to Procedure: NON-MATERNAL-TUMOR MARKER ONLY
Specimen Container: GOLD Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days

Lab Section/Phone Extension: Microbiology/1871

Test Name: **Alpha-Galactosidase A Seq**
Test Mnemonic: FABRY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alps Panel**
Test Mnemonic: ALPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Alt [Sgpt]**
Test Mnemonic: ALT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood/ *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours//day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Alternaria Rast**
Test Mnemonic: RALT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None

Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Aluminum-Serum**
Test Mnemonic: ALM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Metal-Free syringe (obtain from Lab)
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System in syringe
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Alycine Receptor Alpha-1**
Test Mnemonic: GLRA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ambry Specific Mutation 1 Test**
Test Mnemonic: AMBRYSPMUTA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Amikacin Level, Peak**
Test Mnemonic: PKAMK
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:

Patient Preparation: * Peak specimen should be collected 1/2 hour after the IV dose, including flush, or 1 hour after the IM dose.*
Specimen Container: Green or Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chemistry/1310

##

Document EXACT times as follows:

Time Medication Administered:_____

Time flush completed:_____

##

Test Name: **Amikacin Level, Random**
Test Mnemonic: AMK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Amikacin Level, Trough**
Test Mnemonic: TAMK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS FOR TROUGH LEVEL

COLLECTION INSTRUCTIONS:
Patient Preparation: *Trough specimen should be collected IMMEDIATELY PRIOR to next dose*
Specimen Container: Green or Gold Top Vacutainer
Volume Required: 3 ml blood/ 2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chemistry/1310

##

EXACT time specimen collected:_____

##

Test Name: **Amino Acid Profile, Plasma**
Test Mnemonic: AAQPL
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS: Print 2 separate requisitions if ordered
with Homocysteine
CONTAINERS: Green or gold top vacutainer or 2 green
microtainers
SPECIMEN REQUIRED: 2 ML blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Thursdays, but may be collected 7 days/week
TESTING HOURS: 7a.m. to 5 p.m., but may be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, SEPARATE, AND FREEZE PLASMA WITHIN ONE HOUR OF COLLECTION.

Test Name: **Amino Acids Individual, Plasma**
Test Mnemonic: AAIND
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Test Name: **Amitriptyline**
Test Mnemonic: AMI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN OR RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ammonia**
Test Mnemonic: AMON

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice ASAP!
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. SPIN, SEPARATE, AND FREEZE PLASMA ASAP.

Test Name: **Amoebic Iha, Protozoa Nes**
Test Mnemonic: AIHAT
Department: LAB - Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP!
SEND OUT: Yes
TESTING DAYS: Monday, Wednesday and Fridays but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Amoxicilloyl Rast**
Test Mnemonic: RAMOX
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Ampicilloyl Rast**
Test Mnemonic: RAMP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Amylase**
Test Mnemonic: AMY
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Anaerobe Culture**
Test Mnemonic: AC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above can't be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: 1-10 ml of fluid, tissue as available, culturette
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 48 hrs; Final 4-5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **Androgen Insensitivity**
Test Mnemonic: ANDROGENINSENS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: COLLECT MONDAY-THURSDAY ONLY
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS

Lab Section/Phone Ext:
Comments:

**Lab Processing Instructions:

Test Name: **Androgen Syndrome**
Test Mnemonic: ANDSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Androstenedione**
Test Mnemonic: AND
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Angelman Syndrome Sequencing**
Test Mnemonic: ANSYNSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Angelman/Prader-Will Methyl**
Test Mnemonic: ANSYDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer
Volume Required: 3.0 ml

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days week
Turn Around Time: 3-6 weeks
Lab Section/Phone Extension: send outs 4-1300

Test Name: **Angiotensin Converting Enzyme**
Test Mnemonic: ACE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anion Gap (Without K+)**
Test Mnemonic: AGP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 0.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-Dna**
Test Mnemonic: DNA
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so
that specimen may be
refrigerated for transport!
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day

TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 187

Test Name: **Anti-Dnase B**
Test Mnemonic: ANDNB
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology/1871

Test Name: **Anti-Enterocyte**
Test Mnemonic: ANTENT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-Fcer1 Antibody**
Test Mnemonic: ANTIFCER1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Anti-Gliadin Iga Antibodies**
Test Mnemonic: AGLIGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: THIS IS PART OF THE CELIAC DISEASE SEROLOGY TEST

**Lab Processing Instructions:

Test Name: **Anti-Gliadin Igg**
Test Mnemonic: AGLIGG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: THIS IS PART OF THE CELIAC DISEASE SEROLOGY TEST

**Lab Processing Instructions:

Test Name: **Anti-Glom Bsmt Mem, Im Asy Ms**
Test Mnemonic: AGBM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Include physician name and phone number to contact
Specimen Container: Gold Top Vacutainer
Volume Required: 1 ml blood
Specimen Transport: Send via Tube System; Deliver to lab ASAP to be processed.
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology/1871
**Lab Processing Instructions:
Separate serum ASAP.

Test Name: **Anti-Human Tissue Tg Iga Reflx**
Test Mnemonic: AHTTIGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation:
Limitation to Procedure:
Specimen Container: Gold Vacutainer
Volume Required: 1.0 ml
*See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 days
Lab Section/Phone Extensiion: Chemistry/1310
Comments: This is part of the Celiac Disease or Serology test.

Test Name: **Anti-Jo-1, Ena Ab Each**
Test Mnemonic: ANTIJO
Department: LAB - Referred Serology

Container: Gold top vacutainer.
Volume: 2 ml blood.
Special Instructions: Send out test TO MAYO.

Test Name: **Anti-Mitochondrial, Im Asy Ms**
Test Mnemonic: ANTIMI
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport ASAP so that specimen may be refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday - Saturday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Mullerian Hormone**
Test Mnemonic: AMH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: SPIN, SEPARATE, AND FREEZE SERUM WITHIN ONE HOUR

Test Name: **Anti-Neutrophil Ab, Granulocyt**
Test Mnemonic: NEUT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do Not use Gold Top Vacutainer
Specimen Container: Red Top Vacutainer Only!
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Anti-Parietal Cell Ab**
Test Mnemonic: ANTIPAC
Department: LAB - Immunology

Test Name: **Anti-Platelet Ab (Direct)**
Test Mnemonic: ANPLTD
Department: LAB - Send Out Test

`COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 6.0 ML
Minimum Volume: 5.0 ML (multiple 2 or 4 mL tubes may be collected in order to attain required volume)
Specimen Transport: Tube Station to the Lab
Testing Days/Hours: Send out to ARUP, Sun thru Thursday (Has to be at ARUP in 48 hrs) No Shipping on weekends
Turn Around Time: 3 to 5 days
Lab Extension: 4-1300

**Lab Processing Instructions: Do not spin or separate. Store at room temperature.

Test Name: **Anti-Platelet Ab (Indirect)**
Test Mnemonic: ANPLTI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
****
For newborns less than 30 days old, collect specimen from mother, label specimen using patient's label, and mark as "Mom's Blood" on label.
****
Specimen Container: Purple Top Vacutainer
Volume Required: 4.0 ML (multiple 2 mL tubes may be collected in order to attain required volume)
Specimen Transport: Tube Station to the Lab
Testing Days/Hours: Send out to ARUP, Sun thru Thursday (Must arrive at ARUP within 48 hrs) No Shipping on weekends
Turn Around Time: 3 to 5 days
Lab Extension: 4-1300

Test Name: **Anti-Single Stranded Dna**
Test Mnemonic: ASSD

Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Smith, Ena Ab Each**
Test Mnemonic: ANTISM
Department: LAB - Referred Serology

Container: Gold top vacutainer.
Volume: 2 ml blood.
Special Instructions: Send out test to Mayo.

Test Name: **Anti-Smooth Muscle Ab, Fl Ab**
Test Mnemonic: ANTISMM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport ASAP so that specimen may be refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday - Saturday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Anti-Streptolysin O**
Test Mnemonic: ASOT
Department: LAB - Serology

Container: Gold top vacutainer
Volume: 1 ml blood, peripheral or serum.
Special Instructions: Titer performed automatically and ONLY on positive Streptozyme Screen.

Test Name: **Antibody Screen**
Test Mnemonic: ASGEL
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record

number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.

Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Anticardiolipin Igg**
Test Mnemonic: AIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 ml (Anticardiolipin IgG and IgM Antibodies may be performed from the same specimen).
*See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3 days
Lab Section/Phone Extension: Hematology/1313
Comments: Anticardiolipin Antibodies are also known as Phospholipid Antibodies, or Cardiolipin Antibodies.

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Anticardiolipin Igm**
Test Mnemonic: AIGM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 ml (Anticardiolipin IgG and IgM Antibodies may be performed from the same specimen).
*See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3 days
Lab Section/Phone Extension: Hematology/1313

Comments: Anticardiolipin Antibodies are also known as Phospholipid Antibodies, or Cardiolipin Antibodies.

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Antidiuretic Hormone**
Test Mnemonic: ADH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 6 ml blood/3 ml minimum. *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turnaround Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Antigen Proliferation**
Test Mnemonic: AGT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Requires Immunology consult. Do NOT collect on Wednesdays.
Specimen Container:(2) 5 ml Green Top Vacutainers and (1) 3 ml Red Top Vacutainer
Volume Required: 10 ml blood in Green Tops and 1 ml in Red Top (minumum 5 ml in green top; 1 ml in red top). *See "Minimum Acceptable Volume by Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Tested Tues, Friday 0900; Do NOT collect on Wednesday!
Turn Around Time: 1 week
Lab Section/Phone Extension: Special Immunology/1804
**Lab Processing Instructions:
DO NOT SPIN GREEN TOPS OR RED TOP

Test Name: **Antinuclear Ab Scr W/ Reflex**
Test Mnemonic: ANA
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be refrigerated for transport!
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Antithrombin 3**
Test Mnemonic: AT3
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Test performed 24/7.

Turn Around Time: 24 hours
Lab Section/Phone Extension: Hematology/41313

Test Name: **Apple Rast**
Test Mnemonic: RAPPLE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Arrhythm Right Vent Cardiomyop**
Test Mnemonic: ARVC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Arsenic**
Test Mnemonic: ARS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE
VACUTAINER - BOTH CAN BE OBTAINED
FROM LAB
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Aspergillus Galactomannan Ag**
Test Mnemonic: ASPGLACTO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Aspergillus Rast Ige**
Test Mnemonic: RASPE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by

physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Aspergillus Titer**
Test Mnemonic: ASPERT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so specimen may be refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday, Wednesday, and Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Ast (Sgot)**
Test Mnemonic: AST
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 0.6 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Atrx Alpha Thalassemia X-Link**
Test Mnemonic: ATRX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **B-Cell Lymph,Fish Bone Marrow**
Test Mnemonic: BCELLFISH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-SAT
Turn Around Time: 2-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: CAN BE PERFORMED ON BLOOD OR BONE MARROW
IN GREEN TOP VACUTAINER

**Lab Processing Instructions: DO NOT SPIN!!!

Test Name: **B-Hydroxy Butyric Acid, Ket Qt**
Test Mnemonic: BOBA
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab immediately. Lab must spin and separate within 30 minutes of collection.
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood/1.5 ml
Specimen Transport: Send via Tube system on ice. First place specimen container(s) in an empty plastic bag to protect the label(s), then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Performed on Tuesday only; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days, depending on day of collection
Lab Section/Phone Extension: Metabolics/1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Baclofen, Drug Nes**
Test Mnemonic: BACLO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINER: #3 or #4 Tube
SPECIMEN REQUIRED: 2 cc CSF
MINIMUM SPECIMEN REQUIREMENT: 1.5 cc CSF
LIMITATION TO PROCEDURE: Salicyclic acid has the potential to interfere.
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 3 to 4 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310
COMMENTS: Patient should not have taken aspirin within 24 hours of sample collection.

Test Name: **Bahia Rast**
Test Mnemonic: RBAH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Bal Anaerobic Culture**
Test Mnemonic: BA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: sterile cup or tube
Volume Required: 1-10 ml fluid (swab/culturette is NOT acceptable
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 48 hrs; Final 4-5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **Bal Cell Count**
Test Mnemonic: CCBAL
Department: LAB - Fluid Hematology

Test Name: **Bal Culture**
Test Mnemonic: BALC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Gram stain is included.

Specimen Container: Fluid - sterile cup or tube. SWAB/CULTURETTE IS NOT ACCEPTABLE.
Volume Required: 1-10 ml of fluid as available.
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external spillage.
Testing days/hrs: Testing performed 7 days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 24 hours; Final 5 days.
Lab Section/phone ext: Microbiology/41871

Test Name: **Banana Rast**
Test Mnemonic: RBAN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Basic Metabolic Profile**
Test Mnemonic: ED
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Beckwith-Wiedermann Synd**
Test Mnemonic: BECKWIED
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beef Rast**
Test Mnemonic: RBEF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Benign Hereditary Chorca Ttf1**
Test Mnemonic: TTF1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Bermuda Rast**
Test Mnemonic: RBER
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Beta 2 Glycopro Abys, Igg/Igm**
Test Mnemonic: B2BGM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Prep: None
Specimen Container: Gold Top Vacutainer, no bullet tubes

Volume Required: 2ML

Specimen Transport: Send via Tube System
Testing Days/Hours: Mon thru Friday, 24 hours

Turn Around Time: 4 to 7 days
Lab Section/Phone Extension: 41300

Test Name: **Beta 2 Glycoprotein Iga**
Test Mnemonic: B2GA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Beta Hcg**
Test Mnemonic: BHCG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml blood minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Beta-2-Microglobulin**
Test Mnemonic: B2MICRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM

SERUM AND FREEZE ASAP

Test Name: **Bethlem & Ullrich Myopathies**
Test Mnemonic: COL6A1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW (ACD) TOP VACUTAINER
Volume Required: 10ML BLOOD (8ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Bile Acids Fractionated**
Test Mnemonic: BAFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days/Send Out
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Bile Acids, Total**
Test Mnemonic: BA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (MINIMUM 3ML BLOOD)
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 7 DAYS/WEEK
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL TESTING 4-1300
Comments: SEND OUT TEST TO ARUP

**Lab Processing Instructions: NONE

Test Name: **Bioavailable Testosterone-Shbg**
Test Mnemonic: TSTBIOSHBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 5ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES-SAT
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Biotinidase Mutation Def**
Test Mnemonic: BTMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Biotinidase, Serum**
Test Mnemonic: BTNDASE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 2 mL blood/1 mL minimum
****
A control specimen must be drawn from a person who is not related to the patient. It must be collected within 30 minutes of the time that the patient specimen was collected.
****
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/wk
Turn Around Time: 5-7 Days/Send Out
Lab Section/Phone Extension: Chemistry/1310
*LAB PROCESSING INSTRUCTIONS: Spin, separate, freeze plasma ASAP

Test Name: **Bk Virus Dna, Quant Pcr**
Test Mnemonic: BKV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: GOLD, RED OR PURPLE TOP VACUTAINER, OR RANDOM URINE.
VOLUME REQUIRED: 6.0ML BLOOD OR 3.0ML URINE
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24 HRS/DAY

TURN AROUND TIME: 1-3 DAYS, DEPENDING ON DAY OF COLLECTION
LAB SECTION/PHONE: EXT SEND OUT 4-1300
COMMENTS:
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Blastomyces Immunodiffusion**
Test Mnemonic: BLASID
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Blastomyces, Comp Fix**
Test Mnemonic: BLASCF
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Blood Anaerobic Culture**
Test Mnemonic: BCA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

Patient Preparation: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Limitation to Procedure: See weight chart for patients > 50 kg which would require a different order/collection.
Specimen Container: (Pink) Bactec Peds/F vial and (Purple) Bactec Lytic vial
Volume Required: 8-10 mls in Lytic vial and 1-3 mls in Peds/F vial
Specimen Transport: Send via Tube System ASAP in foam, one vial per bag; assure no external contamination
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: Prelim 24 hours; Final 5 days
Lab Section/Phone Extension: Microbiology/41871
Comments: Comment source of specimen if collected

Test Name: **Blood Bank Hold Specimen**
Test Mnemonic: HOLD
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

****** THIS SPECIMEN WILL ONLY BE HELD 72 HOURS *****

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Blood Culture/1 Pedsf 0-13.9kg**
Test Mnemonic: B1
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

Patient Preparation: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Limitation to Procedure: See weight chart for patients >\=14 kg which would require a different order/ collection.
Specimen Container: (pink) Bactec Peds/F vial
Volume Required: 1-3 mL
Specimen Transport: Send via Tube System ASAP in foam, one vial per bag; assure no exernal contamination
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Prelim 24 hours; Final 5 days
Lab Section/Phone Extension: Microbiology/41871
Comments: Comment source of specimen if collected from line (i.e. white lumen)

Test Name: **Blood Culture/2 Peds 14-49.9kg**

Test Mnemonic: B
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

Patient Preparation: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Limitation to Procedure: See weight chart for patients >/= 50 kgs or <14 kgs which would require a different order/collection.
Specimen Container: (Pink) PedsF vial (Bactec) x 2
Volume Required: 1-3 mls in each vial
Specimen Transport: Send via Tube System ASAP in foam, one vial per bag; assure no external contamination
Testing Days/Hours: May be collected 24 hours/day, 7 days/week; testing performed 24 hours/day, 7 days/week
Turn Around Time: Prelim 24 hours, Final 5 days
Lab Section/Phone Extension: Microbiology/41871
Comments: Comment source of specimen if collected from line (i.e. white lumen)
**Lab Processing Instructions:

Test Name: **Blood Culture/50kg+**
Test Mnemonic: B2
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

Patient Preparation: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Limitation to Procedure: See weight chart for patients <\= 50 kg which would require a different order/collection.
Specimen Container: (Purple) Bactec Lytic vial and (grey-blue) Bactec Aerobic Plus vial
Volume Required: 8-10 mls in each vial(minimum amt 3mls)
Specimen Transport: Send via Tube System ASAP in foam, one vial per bag.
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Prelim 24 hours, Final 5 days
Lab Section/Phone Extension: Microbiology/1871
Comments: Comment source of specimen if collected from line (i.e. white lumen)

Test Name: **Blood Fungus Culture**
Test Mnemonic: FBC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: MycoF Lytic bottle (red/white cap)
Volume Required: 1-5mL blood
Specimen Transport: Send via Tube system, ASAP in foam, one vial per

bag, assure no external contamination.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Prelim 48 hours; Final 4 weeks.
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Blood Type/<4 Months Old**
Test Mnemonic: BT-N
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Blood Type/>=4 Months Old**
Test Mnemonic: BT-NN
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314
Comments: Order Category: BB for patients greater than 4 months old
BBNEO for patients less than 4 months old

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Blood Urea Nitrogen**
Test Mnemonic: BUN
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Body Fluid Amylase**
Test Mnemonic: BFAMY
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Body Fluid Bilirubin**
Test Mnemonic: BFB
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Cell Count**
Test Mnemonic: CCBF
Department: LAB - Fluid Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Testing should be performed within 2 hours of collection.
Specimen Container: Purple Top Microtainer or Vacutainer preferred; will accept Red Top Vacutainer or other non-anticoagulated containers

Volume Required: 0.5 ml fluid
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes cytospin WBC Differential
Specify fluid source

Test Name: **Body Fluid Chloride**
Test Mnemonic: BFCL
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Creatinine**
Test Mnemonic: BFCR
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: NSU
Volume Required: 1 mL
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 24/7
Turn Around Time: 4 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Body Fluid Crystals**
Test Mnemonic: BFCRY
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/1.0 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Culture**
Test Mnemonic: WBF
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.

Specimen Container: sterile cup, tube, or capped syringe
Volume Required: 1-10 ml of fluid as available
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external spillage.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Prelim 48 hrs, final 5 days
Lab Section/phone ext: Microbiology/41871

Test Name: **Body Fluid Glucose**
Test Mnemonic: BFGLUC
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/1.0 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Ldh (Total)**
Test Mnemonic: BFLDH
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Lipase**
Test Mnemonic: BFLIP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Comments: Comment the type of body fluid

Test Name: **Body Fluid Osmolality**
Test Mnemonic: BFOSM
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Ph**
Test Mnemonic: BFPH
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Potassium**
Test Mnemonic: BFK
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Protein**
Test Mnemonic: BFP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs

Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Sodium**
Test Mnemonic: BFNA
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Body Fluid Triglyceride**
Test Mnemonic: BFTRIG
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 ml body fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Comment the type of body fluid

Test Name: **Bone Marrow Bcr/Abl Pcr**
Test Mnemonic: BCRABLPCR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER
VOLUME REQUIRED: 3.0ML BLOOD OR 3.0ML BONE MARROW
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY COLLECT 7 DAYS/WEEK, 24HRS/DAY
TURN AROUND TIME: 4-6 WEEKS
LAB SECTION/PHONE EXT: SEND OUTS 4-1300

Test Name: **Bone Marrow Diff**
Test Mnemonic: BM DIFF
Department: LAB - Special Hematology

Container:
Volume:
Special Instructions:

Test Name: **Bordetella Pertussis Pcr**
Test Mnemonic: BPPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
****
If a pertussis PCR is collected, you must wear a mask during

collection. If pertussis is suspected this patient must be placed in
a private room on airborne/droplet isolation.
****
Limitation to Procedure: Specimens must be received by Monday and
Thursday to be included in Tuesday or
Friday testing.
Specimen Container: 1 cotton/dacron mini-tip swab or culturette;
DO NOT USE CHARCOAL OR GEL SWABS
Volume Required: 1 swab
Transport: Transport at room temperature but store in lab at 4C;
send via Tube System
Testing Days/Hours: Performed Tuesdays and Fridays;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 to 4 days
Lab Section/Phone Extension: Molecular Diagnostics/1804
Comments: Call the lab for emergent specimens

Lab Processing Instructions
Store at 4C in BP PCR box in front send out area refrigerator.

Test Name: **Box Elder Maple Rast**
Test Mnemonic: RBEM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Branched-Chain Amino Acids**
Test Mnemonic: BCAA
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top vacutainer or 2 green
microtainers
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Thursdays, but may be collected 7 days/week
TESTING HOURS: 7a.m. to 5 p.m., but may be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LIMITATION TO PROCEDURE: FOR PATIENTS WITH MSUD ONLY
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311

Test Name: **Brazil Nut Rast**
Test Mnemonic: RBRAZIL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Breakage Study At Nebraska**
Test Mnemonic: BREAKSTUDY-NEB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!!

Test Name: **Brucella Antibody Screen**
Test Mnemonic: BRUCS
Department: LAB - Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Mondays, Wednesdays, and Fridays but may be collected
7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 2 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1630
ASSOCIATED REFLEX TESTS: Titer performed automatically if positive.

Test Name: **Brugada Syndrome**
Test Mnemonic: BRS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Btk At Correlagen**
Test Mnemonic: BTK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **C-Peptide**
Test Mnemonic: CPEP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer.
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **C-Reactive Protein**
Test Mnemonic: CRP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold or Green Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours

Lab Section/Phone Extension: Chemistry/41310

Test Name: **C-Reactive Protein, High Sens**
Test Mnemonic: HSCRP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/41310

Test Name: **C1 Est. Inhib, Funct, Comp Ag**
Test Mnemonic: C1ESIF
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: Mondays, Wednesdays, and Thursdays but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serologyy/Extension 1870

Test Name: **C1 Est. Inhib, Quant, Comp Ag**
Test Mnemonic: C1ESIQ
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: Mondays, Wednesdays, and Thursdays but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serologyy/Extension 1870

Test Name: **C1q Binding Assay,Im Cmplx Asy**

Test Mnemonic: CQB
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **C3 Complement**
Test Mnemonic: C3
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Mondays and Thursdays but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

Test Name: **C4 Complement**
Test Mnemonic: C4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Mondays and Thursdays but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

Test Name: **Ca 125, Im Asy Tumor Ag**
Test Mnemonic: CA125
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SPEC STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab ASAP!!
SEND OUT: Yes
TESTING DAYS: 7 days/week

TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Cadasil Complete Dna Analysis**
Test Mnemonic: CADASIL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4.0ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-THURS/24HR/DAY
Turn Around Time: 1-4 WEEKS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD - DO NOT SPIN

Test Name: **Caffeine Level**
Test Mnemonic: CAFF
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or Gold microtainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday thru Friday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 to 72 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Cah3 Steroid Profile**
Test Mnemonic: CAH3
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or microtainer
Volume Required: 1 ml blood/0.5ml whole blood minimum
Send out?: NO
Transport via tube system: Yes
Specimen Transport: RT
Testing Days/Hours: Sunday thur Thursday 6am-2:30pm

Turn Around Time: 48 hours
Lab Section/Phone Extension: Chemistry/1311

LAB PROCESSING INSTRUCTIONS: DO NOT SPIN

Test Name: **Calcitonin, Serum**
Test Mnemonic: CALN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS: ***SEND ON ICE***
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days/Send Out
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Calcium**
Test Mnemonic: CA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Calcium Channel Cacna1a**
Test Mnemonic: CACNA1A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 6-12 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Candida Titer**
Test Mnemonic: CANT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above

SEND OUT: Yes
TESTING DAYS: Mondays, Wednesdays, and Fridays but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Carbamazepine -Tegretol Free**
Test Mnemonic: FTEG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Carbohydrate Def Transferrin**
Test Mnemonic: CDT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/4 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 10-14 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Carbon Dioxide**
Test Mnemonic: CO2
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Carcinoembryonic Antigen, Ser**
Test Mnemonic: CEA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cardio Facio-Cutaneous Synd**
Test Mnemonic: CARDIOFCS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Carnitine Assay**
Test Mnemonic: CARN
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

INCLUDES FREE, TOTAL AND ESTERIFIED
COLLECTION INSTRUCTIONS: Transport on ice to lab ASAP!!!
CONTAINERS: GREEN, PURPLE OR RED top vacutainer
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport on ice ASAP.
SEND OUT: NO
TESTING DAYS: Wednesday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7-10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/MGL/Extension 4-1311

LAB PROCESS INSTRUCTIONS: CRITICAL FROZEN TEST
Spin, separate, freeze plasma/serum ASAP!

Test Name: **Carnitine, Total Plasma**
Test Mnemonic: TPC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Test Name: **Carotene-Serum**
Test Mnemonic: CAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Carrot Rast**
Test Mnemonic: RCARROT
Department: LAB - Special Immunology

Test Name: **Cashew Rast**
Test Mnemonic: RCASH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cat Rast**
Test Mnemonic: RCAT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days

Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cat Scratch Dis Ab G, Bact Nes**
Test Mnemonic: CSDAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 21 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Includes both Bartonella henselac and Bartonella quintana

Test Name: **Cat Scratch Dis Ab M, Bact Nes**
Test Mnemonic: CSDAM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 21 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Includes both Bartonella henselac and Bartonella quintana

Test Name: **Catechol Poly Ventricular Tach**
Test Mnemonic: CPVT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Catecholamines, Plasma Fract**
Test Mnemonic: CATP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENT SHOULD BE CALM AND IN A SUPINE FOR 30
MINUTES WITH VENOUS CATHETER IN PLACE
Limitation to Procedure: COLLECT AND SEND TO LAB ON ICE
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE ASAP

Test Name: **Catfish Rast**
Test Mnemonic: RCATFISH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cath Tip Culture**
Test Mnemonic: WCCT
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Special Instructions: Only venous (arterial caths) No JP drains or Foley catheter tips will be accepted. Anaerobic cultures can not be done on this source.
Specimen Container: Sterile Cup
Volume Required: Tip of Catheter
Specimen Transport: Send via tube system.ASAP, assure container is tightly sealed with no external contamination.
Testing days/hours: 7 days/wk,24 hr/day
Turn Around: Prelim 24 hrs,final 48 hrs
Lab Section/Phone Extension: Microbiology/41871.

Test Name: **Cbc (Complete Blood Count)**
Test Mnemonic: CBC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: CBC includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, WBC
Differential, and RBC Morphology

Test Name: **Cd19 B Cell**
Test Mnemonic: BC
Department: LAB - Special Immunology

Test Name: **Cd2**
Test Mnemonic: CD2
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd20 B Cells**
Test Mnemonic: CD20B
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd3 T Cell**
Test Mnemonic: TC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 2 mL blood
MINIMUM SPECIMEN REQUIREMENT: As above, but 2 mL is sufficient for
all flow cytometry cellular enumeration
antibodies ordered.
LIMITATION TO PROCEDURE: Concurrent CBC REQUIRED for absolute value
quantitation.
SEND OUT: No anytime EXCEPT BETWEEN 3PM ON FRI AND 8AM SUNDAY
TESTING DAYS: Monday-Friday (EXCEPT HOSPITAL HOLIDAYS)

TESTING HOURS: 6 am - 4 pm
TURN-AROUND-TIME: 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/ext 1804

Lab Processing Instructions: ****DO NOT SPIN***

Test Name: **Cd4 Thelper**
Test Mnemonic: THP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd45rora Cd4**
Test Mnemonic: 45RORA T HELPER
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd45rora Cd8**
Test Mnemonic: 45RORA T SUPRSR
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd56 Nk Cells**
Test Mnemonic: NK CELL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd5cd19 B Cells**
Test Mnemonic: CD519
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cd8 T Supressor**
Test Mnemonic: TSP
Department: LAB - Special Immunology

LLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cdalphabeta T Cells**
Test Mnemonic: ALPHA BETA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cdgammadelta T Cells**
Test Mnemonic: GAMMA DELTA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
LAB SECTION/PHONE EXTENSION: Call Special Immunology/Extension 1804

Test Name: **Cdkl5 Comprehensive**
Test Mnemonic: CDKL5
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Celia Gene**
Test Mnemonic: CG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Celiac Serology Prometheus**
Test Mnemonic: PROMCELIAC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: 41300

Test Name: **Celiaplus (Celiac+Celia Gene)**
Test Mnemonic: CELIAPLUS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: None
Limitation to Procedure:
Specimen Container: 2ML Gold Vacutainer & Purple Vacutainer

Volume Required: 2ml
Limitation to Procedure: NO BULLET TUBES
Testing Days: Mon - Fri
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out, 24 hrs

Turn Around Time: 3-5 days
Lab Section/Phone Extensiion: 41300
Comments: Lab processing Instructions: Whole blood and Serum
3ml specimen required, minimum 2ml.
Reflex tests associated w/this test: No

Test Name: **Celontin & Normethsuximide**
Test Mnemonic: CELON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure: NO GOLD TOP VACUTAINER
Specimen Container: Red Top Vacutainer ONLY!
Volume Required: 3 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Ceruloplasmin**
Test Mnemonic: CER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cf 2 Hour Glucose**
Test Mnemonic: CF2HRGLU
Department: LAB - Chemistry

SPECIMEN REQUIRED: 1 FULL GOLD OR GREEN MICROTAINER OR 1 CC IN GOLD TOP VACUTAINER
MINIMUM SPECIMEN REQUIRED: 0.5 CC BLOOD
SPEC STORAGE/TRANSPORT REQUIREMENTS:

LIMITATION TO PROCEDURE:

SEND OUT:
TESTING DAYS: 7 DAYS

TESTING HOURS: 24 HOURS
ANALYTICAL TIME: 1 DAY
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: 1310

Test Name: **Cf Fasting Glucose**
Test Mnemonic: CFFGLU
Department: LAB - Chemistry

SPECIMEN REQUIRED: 1 FULL GOLD OR GREEN MICROTAINER OR 1 CC IN GOLD TOP VACUTAINER
MINIMUM SPECIMEN REQUIRED: 0.5 CC BLOOD
SPEC STORAGE/TRANSPORT REQUIREMENTS:

LIMITATION TO PROCEDURE:

SEND OUT:
TESTING DAYS: 7 DAYS
TESTING HOURS: 24 HOURS
ANALYTICAL TIME: 1 DAY
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: 1310

Test Name: **Cf Glucose Tolerance Test**
Test Mnemonic: CFOGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: 1 full green microtainer, or 1 ml in gold vacutainer
SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

See policy "Oral Glucose Tolerance Testing for Cystic Fibrosis Patients (CF-OGTT) at Arkansas Children's Hospital".

1. Draw blood for the FBS and label as "fasting", with collection date, time, and initials.

2. Deliver to Lab with the test requisition for CFOGTT.

3. Glucola obtained from Lab will be administered according to the dosages listed in the above policy.

4. Draw blood for the post-glucola specimen 2 hours after administration of glucola.

5. Label 2 hour specimen as "2 hour post", with collection date, time, and initials, and deliver to Lab.

Test Name: **Cf Respiratory Culture**
Test Mnemonic: CFRC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Gram stain is included in order.
Specimen Container: Sputum - sterile cup or tube
If the above cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: 1 mL of sputum as available or culturette.
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed with no external spillage.
Testing performed 7 days/wk, 0700-1500; may be collected 24 hr/day
Turn around Time: Prelim 48 hrs; final 5 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Cftr Dna 46 Mutation Panel**
Test Mnemonic: CFTR
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
Limitation to Procedure:
Specimen Container: Purple top or newborn screen card.
Volume Required: 1.0ml Whole Blood, min req'd 0.5ml or one full circle on NBS card.
Send out: NO

Specimen Transport: RT, Tube system ok
Testing Days/Hours: Monday only 7am to 3pm but can be collected anytime
Turn around time: 7 days
Lab section/phone: MGL 41311

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Ch50-Complement Activity**
Test Mnemonic: CH50
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SEPARATOR OR GEL TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM SERUM
AND FREEZE TO -70C ASAP

Test Name: **Chaetomium Rast**
Test Mnemonic: RCHAE

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chagas Dis Ab G,Protoz Nes/Int**
Test Mnemonic: CDABG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Chagas Dis Ab M, Protoz Nes/In**
Test Mnemonic: CDABM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Charge Syndrome**
Test Mnemonic: CHD7
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Charge Syndrome Dna Analysis**
Test Mnemonic: CHGSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chicken Feathers Rast**
Test Mnemonic: RCHICF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chicken Rast**
Test Mnemonic: RCHIC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days

Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Chlamydia Ab Panel, Igg/Igm**
Test Mnemonic: CGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer
Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 1-4 DAYS
Lab Section/Phone Extension: Send-outs/4-1300

Test Name: **Chlamydia Antigen**
Test Mnemonic: CHLAMA
Department: LAB - Virology

Container: Microtrak collection kit - obtain in lab
Volume: Vaginal, urethral, or eye scraping
Special Instructions: Call Virology before collecting ext. 1300 or 1630.

Test Name: **Chlamydia Pcr (Swab)**
Test Mnemonic: CHLAMPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATIION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Remove excess mucous from cervix using the large cleaning swab in the red/black package prior to collection. Discard cleaning swab.
Limitation to Procedure: Leave blue shaft collection swab only in Tube!!!
Specimen Container: Aptima swab specimen transport tube
Specimen Required: 1 Endocervical/Male urethral (ONLY!)
Volume Required: 1 swab per tube
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon, Wed, Fri 0800; may be collected 24 hrs/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: Molecular Diagnostics/1804
**Lab Processing Instructions: Place specimens in CT/NG cup in front sendout area refrigerator within 1 hour of receipt.

Test Name: **Chloride**
Test Mnemonic: CL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Chocolate Rast**
Test Mnemonic: RCHOC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cholesterol**
Test Mnemonic: CHOL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Chondrodysplasia Seq.Del/Dup**
Test Mnemonic: ARSE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chrne Congenital Myasthenic**
Test Mnemonic: CHRNE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromium**
Test Mnemonic: CHROM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: ROYAL BLUE TOP VACUTAINER OR
METAL FREE SYRINGE (BOTH OBTAINED FROM LAB)
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Analysis Blood**
Test Mnemonic: CABP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Analysis Hi Res**
Test Mnemonic: CAHR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Analysis Rapid**
Test Mnemonic: CARPD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: DAILY
Turn Around Time: 7-14 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN!!!

Test Name: **Chromosome Breakage Studies**
Test Mnemonic: CBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Hema. Bone Marrow**
Test Mnemonic: CHROMEHEMBM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BONE MARROW
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Chromosome Methylation**
Test Mnemonic: CHRMETHYL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vac, 2.0ml Whole Blood
Spec Required: 2ml Blood
Spec Storage/Transport: Room Temp, NO BULLET TUBES
Send out: YES
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon - Fri, 24hrs
Patient Preperation: None

Turn Around Time: 1-3 WKS
Lab Section/Phone Extension: 41300
*****LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD SPEC***

Test Name: **Chromosome Microarray-Ambry**
Test Mnemonic: CMAMB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: Do not share specimens between other tests
Specimen Container: One green vacutainer AND one purple vacutainer
Volume Required: 3.0 ml in EACH vacutainer
Specimen Transport: Tube system/courier
Testing Days/Hours: Daily
Turn Around Time: 7-14 days
Lab Section/Phone Extension: Referral Testing 4-1300
Comments:

Lab Processing Instructions: Do Not Spin

Test Name: **Chromosome Snp Microarray**
Test Mnemonic: SNPARRAY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cimetidine (Tagamet)**
Test Mnemonic: TAGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER (MULTIPLE TUBES)
Volume Required: 7ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ck Isoenzymes**
Test Mnemonic: CKISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer
Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: Send-outs/4-1300

Test Name: **Ckmb (Ck2)**
Test Mnemonic: CKMB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Cladosporium Rast**
Test Mnemonic: RCLAD
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Clam Rast**
Test Mnemonic: RCLAM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Clcn1 Dna Sequencing Athena**
Test Mnemonic: CLCN1DNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Clo-Test: H. Pylori Id**

Test Mnemonic: CLO
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: CLOtest, acquire from Microbiology Laboratory
Volume Required: Small amount of tissue collected in GI Lab
Specimen Transport: Send via Tube system, ASAP, assure container has no external contamination
Testing Days/Hours: Testing performed 7 days/week, 24 hours/day
Turn around Time: Prelim 4 hours; Final 24 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Clonazepam (Clonopin)**
Test Mnemonic: CLON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cmv Antibody-Igm**
Test Mnemonic: CMVIGM
Department: LAB - Virology

Test Name: **Cmv Antigen Stain**
Test Mnemonic: CMVANTIGEN
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Purple top vacutainer
Volume Required: 2.0 mL Whole blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon-Fri; Specimen expires after 24 hours. May collect Mon-Thurs only.
Turn around time: 1 day
Lab Section/Phone Extension:Virology/1630
**Lab Processing Instructions: Must be delivered to Virology immediately!

Test Name: **Cmv Igg Antibody**
Test Mnemonic: CMVIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS: Limitation to Procedure: Acute & convalescent levels required for diagnostic purposes. Recent transfusion or immune globulin administration can cause erroneous results. Test results from neonates should be interpreted with caution.

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Run on Wed. only, (may collect 24/7)
Comment: must be in lab by 0700 Wed to be run that day.
Turn around time: 1 - 7 days
Lab Section/Phone Extension:Virology/1630

Test Name: **Cmv Pcr Quantitative**
Test Mnemonic: CMVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 2 cc blood
SEND OUT: No
TESTING DAYS:
TESTING HOURS:
TURN-AROUND-TIME: Thursday following submission of specimen
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804
COMMENTS:

Test Name: **Cobalt**
Test Mnemonic: COBALT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE VACUTAINER
Volume Required: 5ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: BOTH METAL FREE SYRINGE AND ROYAL BLUE VACUTAINER CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Coccidioides Antibody**
Test Mnemonic: COCCI
Department: LAB - Referred Serology

Container: Gold top vacutainer.
Volume: 2 cc blood.
Special Instructions: Send out test to Mayo.

Test Name: **Cockayne Syndrome Seq**
Test Mnemonic: CS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cockroach Rast**
Test Mnemonic: RCKR
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Coconut Rast**
Test Mnemonic: RCOCONUT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Coenzyme Q10 Level**
Test Mnemonic: COENZQ10

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Col5a1 Del/Dup**
Test Mnemonic: COL5A1 DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Col5a1 Seq**
Test Mnemonic: COL5A1 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Col5a2 Del/Dup**
Test Mnemonic: COL5A2 DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Col5a2 Seq**
Test Mnemonic: COL5A2 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Comp Hereditary Spastic Parapl**
Test Mnemonic: CHSP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Comp Spincerebella Ataxia Eval**
Test Mnemonic: CSPINOATAX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Complement 3 Nephritic Factor**
Test Mnemonic: C3NF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Complete Hnpp Evaluation**
Test Mnemonic: HNPP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Complete Myotonic Dystrophy**
Test Mnemonic: CMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Complete Tuberous Sclerosis**
Test Mnemonic: TSCCOMPLETE

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preparation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 6ml Purple Top Vac, Minimum Required: 4ml
REFLEX TESTS ASSO W/THIS TEST: NO
MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
******LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD**********

Test Name: **Complex Toxicology For Urines**
Test Mnemonic: CTOXUR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 10ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Compound S (11-Deoxycortisol)**
Test Mnemonic: CMPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: DO NOT USE FOR METYRAPONE TEST
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON,WED,FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE SERUM
FROM CELLS AND FREEZE
ASAP

Test Name: **Comprehensive Colaris Ap**
Test Mnemonic: FAP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Comprehensive Metabolic Panel**
Test Mnemonic: CMP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GREEN OR GOLD MICROTAINER/VACUTAINER
Volume Required: 1.5 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Cong Cnt Hypoventilation Synd**
Test Mnemonic: HYPOVSY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preperation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 3ML PURPLE TOP VAC
REFLEX TESTS ASSOCIATED W/THIS TEST: NO
MINIMUM SPECIMEN REQUIREMENT: 2ml in PULPLE Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
**LAB PROCESS INST: WHOLE BLOOD, 4.0 ML PURPLE VAC, 3ML MIN NO BULLET TUBES,

Test Name: **Congenital Cen.Hypoventilation**
Test Mnemonic: PHOX2B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Hyperinsulinism**
Test Mnemonic: CHIE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Congenital Myasthenic Musk Seq**
Test Mnemonic: MUSKSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin 26**
Test Mnemonic: CX26
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions:

Test Name: **Connexin 26 Dna**
Test Mnemonic: CONX26
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3.0 ML

Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: SEND OUT 4-1300

Test Name: **Connexin 30**
Test Mnemonic: CONX30
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin 30 (Hearing Loss)**
Test Mnemonic: CX30
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Connexin 32 Sequencing/Del**
Test Mnemonic: CX32SEQ
Department: LAB - Send Out Test

Test Name: **Connexin Related Deafness Eval**
Test Mnemonic: CONXEVAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Copper Level**
Test Mnemonic: CU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Royal Blue, Metal-free vacutainer (obtained from lab)
OR a Zinc/Metal-free syringe (obtain from Lab)
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Room Temp via Tube System or courier
Testing Days/Hours: May be collected 24 hours/day,
7 days/week
Turn Around Time: 48-72 hours
Special Instructions: Royal Blue vacutainers and Zinc/Metal-free collection syringes must be obtained from the Laboratory. Call X41300 to obtain tubes.
Lab Section/Phone Extension: Referred Testing/1300

Test Name: **Cord Blood Hepatitis B Surf Ag**
Test Mnemonic: CBHBSAG
Department: LAB - Chemistry Infectious Disease

OLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension
COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Cord Blood".**

Test Name: **Cord Blood Rpr**
Test Mnemonic: CBRPR
Department: LAB - Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630); may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".
COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Cord Blood".**

Test Name: **Corn Rast**
Test Mnemonic: RCRN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Corticosterone**
Test Mnemonic: CORC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Cortisol**
Test Mnemonic: CORT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or microtainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Cpk**
Test Mnemonic: CK
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Crab Rast**
Test Mnemonic: RCRAB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Craniodysmorphology Fgfr Twist**
Test Mnemonic: FGFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Creatine-Serum**
Test Mnemonic: CRNS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Creatinine**
Test Mnemonic: CR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Cryoglobulin**
Test Mnemonic: CRYOG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Red top vacutainers kept warm in water ~37 C
SPECIMEN REQUIRED: 10 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Tubes should be pre-warmed in warm water. After specimen collected, return tubes to warm water and transport to Lab ASAP!
SEND OUT: Yes
TESTING DAYS: Monday - Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: NO, must be transported in warm water
LAB SECTION/PHONE EXTENSION: Serology/Extension 1630
COMMENT: Patient should be FASTING.

Test Name: **Cryptococcus Antigen**
Test Mnemonic: CRYPS
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Csf Adenovirus Antibodies**
Test Mnemonic: MENADCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Amino Acids Profile**
Test Mnemonic: AAQC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Container: CSF #2
Volume: Minimum 0.5 ml
Special Instructions: Keep on ice, refrigerate or freeze.
*** Tubed specimens, requiring ice, should first be placed in an empty plastic bag to protect the label(s); the bagged specimen is then placed in a second plastic bag which contains ice.

LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN Separate and freeze 0.5 mL of CSF

Test Name: **Csf Bacterial Antigen**
Test Mnemonic: BACAGC
Department: LAB - Serology

Test Name: **Csf California Encep Igm**
Test Mnemonic: MENCALMCSF

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf California Encephalitis**
Test Mnemonic: MENCALGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Cell Count**
Test Mnemonic: CCCSF
Department: LAB - Fluid Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Testing should be performed within 2 hours
of collection.
Specimen Container: CSF #3 or sterile container for shunt specimens
Volume Required: 0.5 ml CSF
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes cytospin WBC Differential
Specify if from shunt collection

**Lab Processing Instructions:
Use tube #3 if three tubes are available, or tube #1 if only two tubes are available. If the specimen is bloody, the least bloody tube without visible clots should be used regardless of the tube number. MAINTAIN STERILITY OF ALL CSF SPECIMENS.

Test Name: **Csf Cmv Igg**
Test Mnemonic: MENCMVGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Cmv Igm**
Test Mnemonic: MENCMVMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Coxsackie A Virus**
Test Mnemonic: MENCOXACSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Coxsackie B Virus**
Test Mnemonic: MENCOXBCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Cryptococcus Antigen**
Test Mnemonic: CRYPC
Department: LAB - Referred Serology

Patient Preparation: CSF acquired by routine lumbar puncture
Specimen Container: Sterile CSF tube
Volume Required: 1 mL, 0.25 mL minimum
Specimen Transport: Is transportable in tube system.
Testing Days/Hours: SUN - SAT, anytime

Turn Around Time: 2-4 days
Lab Section/Phone Ext: Microbiology/ 41871
Comments: Note CSF on form and label.

**Lab Processing Instructions:
Send out to ARUP. Refrigerated good for 3 days, frozen= indefinitely.

Test Name: **Csf Culture/Gram Stain**
Test Mnemonic: CCG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.
Specimen Container: Sterile cup, tube (#2), or capped syringe
Volume Required: 1-10 mL of fluid as available
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week, 24 hours/day
Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours
Culture - Prelim 24 hours; Final 3 days (LP), Final 5 days (shunt)
Laboratory Section/Extension: Microbiology/41871

Test Name: **Csf Eastern Equine Igg**
Test Mnemonic: MENEEEGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Eastern Equine Igm**
Test Mnemonic: MENEEEMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Echovirus Antibodies**
Test Mnemonic: MENECHOCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Folate**
Test Mnemonic: SFFOL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Container
Volume Required: 3 ml CSF/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Csf Glucose**
Test Mnemonic: SFG
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Specimen Container: Sterile CSF Tube
Volume Required: 0.5 ml csf/0.3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Csf Glycine**
Test Mnemonic: C/GLY
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Container: CSF #2
Volume: Minimum 0.5 ml
Special Insturctions: Keep on ice, refrigerate or freeze.

Test Name: **Csf Hsv Igg Antibody**
Test Mnemonic: MENHSVIGGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Hsv Igm Antibody**
Test Mnemonic: MENHSVIGMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Igg Index**
Test Mnemonic: IGIN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube and Gold Top Vacutainer
Volume Required: 1 ml CSF and 2 ml blood/0.5 ml CSF and 1 ml blood
Specimen Transport: Sent via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Csf Influenza A Antibodies**
Test Mnemonic: MENINACSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Influenza B Antibodies**
Test Mnemonic: MENINBCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day

TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Lactate/Pyruvate**
Test Mnemonic: CP/L
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Container: Special container. Obtain in lab.
Volume: 1 cc CSF
Special Instructions: Fill to line on tube with CSF. Shake vigorously. Place on ice and transport ASAP.

Test Name: **Csf Lcm Virus Igg**
Test Mnemonic: MENLCMGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Lcm Virus Igm**
Test Mnemonic: MENLCMMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Measles Virus Igg**
Test Mnemonic: MENMEAGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Measles Virus Igm**

Test Mnemonic: MENMEAMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Mumps Virus Igg**
Test Mnemonic: MENMUMGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Mumps Virus Igm**
Test Mnemonic: MENMUMMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Mycobacterium Tb Amplified**
Test Mnemonic: MTB
Department: LAB - Referred Serology

Patient Preparation: Routine lumber puncture
Limitation to Procedure: Bloody specimens unacceptable
Specimen Container: Csf tube, sterile
Volume Required: 1 mL, 0.5 mL minimum
Specimen Transport: Is transportable in tube system.
Testing Days/Hours: SUN- FRI
Turn Around Time: 1-3 days from receipt by reference lab
Lab Section/Phone Ext: Microbiology/ 41871
**Lab Processing Instructions: Send to ARUP frozen.

Test Name: **Csf Neurotransmitr Metabolites**
Test Mnemonic: NTM

Department: LAB - Metabolic Lab Send Out

Patient Preparation: Nursing Unit will phone the lab (X4-1300) to ensure collection tubes and dry ice are available. Someone from the unit must go to the lab to get the collection tubes (in the specimen processing refrigerator) and box of dry ice. Each set of tubes consists of 5 small centrifuge tubes attached to a strip of paper. One set of tubes is required per patient.
Specimen Container: **Collect in special tubes at bedside (see comment under Patient Preparation for location of tubes).**
Volume Required: Minimum 3.5 mL CSF
Specimen Transport: CSF should be collected from the first drop into the special collection tubes in the order indicated. The amount required in each tube is marked on the tube. Mix and freeze CLEAR samples at the bedside on dry ice; RUSH the frozen samples to the Lab. MILDLY CONTAMINATED CSF must be RUSHED to the Lab on WET ICE to be centrifuged and the supernate FROZEN WITHIN 5 MINUTES.
Limitation to Procedure: Specimens GROSSLY CONTAMINATED WITH BLOOD should be recollected at a later date.
SEND OUT: TO MEDICAL NEUROGENETICS
ONE DUNWOODY PARK, SUITE 250
ATLANTA, GA 30338
PHONE: 678-225-0222
Testing Days/Hours: MONDAY - FRIDAY 7 AM - 5 PM
Turn Around Time: USUALLY WITHIN 2 WEEKS
Lab Section/Phone Ext: REFERRALS 4-1300

Test Name: **Csf Protein**
Test Mnemonic: SFP
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:
Specimen Container: CSF Tube
Volume Required: 1 ml CSF/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Csf Protein Electrophoresis**
Test Mnemonic: CSF ELEC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube
Volume Required: 1.5 ml CSF/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Csf Pyruvate**
Test Mnemonic: CPYR
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Special container on ice - obtain from Lab
Volume Required: 1 ml CSF/0.5 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: 0700 - 1700 Monday - Friday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: Metabolics/1311

Test Name: **Csf St Louis Encephalitis Igg**
Test Mnemonic: MENSLGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf St Louis Encephalitis Igm**
Test Mnemonic: MENSLMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Varicella Antibodies**
Test Mnemonic: MENVZVCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf Vdrl Group**
Test Mnemonic: VDRLC
Department: LAB - Referred Serology

Container: Sterile tube
Volume: 1 cc CSF
Special Instructions: Send out test to Mayo.
Requires 2 weeks to result.

Test Name: **Csf West Equine Enceph Igg**
Test Mnemonic: MENWEEGCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf West Equine Enceph Igm**
Test Mnemonic: MENWEEMCSF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF
SPECIMEN REQUIRED: 3ml CSF
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Csf, Amino Acid Individual**
Test Mnemonic: AAIC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Test Name: **Csf/Serum Oligoclonal Banding**
Test Mnemonic: OLIG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: CSF Tube & Gold Top Vacutainer
Volume Required: 1 ml CSF & 3 ml blood/0.5 ml CSF & 2 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Curvularia Rast**
Test Mnemonic: RCURV

Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Cyanide**
Test Mnemonic: CYAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN
DO NOT REFRIGERATE OR FREEZE

Test Name: **Cyclic Citrullinated Peptide**
Test Mnemonic: CCP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3.0ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cyclosporin A,Whole Blood**
Test Mnemonic: CYC A WB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Purple Top Microtainer
Volume Required: 2 ml blood /0.5 ml minimum;
See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-2200, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4-8 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Cystatin C**
Test Mnemonic: CYSTATINC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Cytoplasmic Neutrophil Ab**
Test Mnemonic: CNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Microtainer or Vacutainer
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **D-Dimer Quantitative**
Test Mnemonic: D-DIMER
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.

Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **D-Lactate**
Test Mnemonic: D-LA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Place on ice and transport immediately! Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/Metabolics/1311
**Lab Processing Instructions:
Plasma must be separated and frozen immediately.

Test Name: **Dehydroepiandrosterone Sulfate**
Test Mnemonic: DHEAS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Dehydroepiandrosterone-Dhea**
Test Mnemonic: DHEA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System

Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Deoxycorticosterone (Doc)**
Test Mnemonic: DOC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Desipramine**
Test Mnemonic: DES
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: GREEN OR RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SPECIMEN SHOULD BE COLLECTED 12 HR AFTER LAST DOSE

**Lab Processing Instructions:

Test Name: **Desipramine**
Test Mnemonic: DES
Department: LAB - Send Out Test

Test Name: **Diazepam & Nordiazepam**
Test Mnemonic: VAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS

Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dibucaine Number**
Test Mnemonic: DIB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer/microtainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 1 day
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1630

Test Name: **Digoxin Level**
Test Mnemonic: DIG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Vacutainer or Green Top Microtainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs.
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Dihydropteridine Reductase**
Test Mnemonic: DHPR
Department: LAB - Metabolic Lab Send Out

Test Name: **Dihydrotestosterone**
Test Mnemonic: DHT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Dilantin Level**
Test Mnemonic: DIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Dilated Cardiomyopathy**
Test Mnemonic: DCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dilutional Prolactin**
Test Mnemonic: DPROL
Department: LAB - Chemistry

Patient Preparation:
Limitation to Procedure:
Specimen Container: 1 Green or Gold Top Vacutainer
Volume Required: 1 mL blood
Specimen Transport: through tube system
Testing Days/Hours: 24/7
Turn Around Time: 2 hours
Lab Section/Phone Extension: Chem/41300
Comments:
**Lab Processing Instructions:

Test Name: **Diphtheria Culture**
Test Mnemonic: RCD
Department: MIC - Referred

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Call

Microboiology Laboratory for additional instructions.

Container: Amies Clear Gel swab (BLUE)
Specimen transport: Send via tube system, ASAP, assure container is tightly sealed with no expernal contamination.
Testing days/hours: Testing performed by the Arkansas Department of Health, specimen may be collected 24 hours/day, 7 days/week
Turn around Time: Call Microbiology Laboratory
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Diptheria Antibody**
Test Mnemonic: DPT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: No
TESTING DAYS: Varies but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804
COMMENT: Note whether PRE IMMUNIZATION, POST IMMUNIZATION, or RANDOM

Test Name: **Direct Bilirubin**
Test Mnemonic: DBIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top microtainer or vacutainer or Gold Top vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Top Microtainer to within lines; mix gently.

Test Name: **Direct Coombs Test**
Test Mnemonic: DCT
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE

Specimen Transport: Send via Tube System to Blood Bank Station 220
along with the requisition
Phone Ext Blood Bank: 41314
Comments: Order Category: BB for patients greater than 4 months
old
BBNEO for patients less than 4 months
old

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Disaccharidases**
Test Mnemonic: DIS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREP: Biopsy Preparation
CONTAINERS: STERILE VIAL ON DRY ICE (Obtained from Lab before bx)
SPECIMEN REQUIRED: Small Bowel biopsy
SPEC STORAGE/TRANS REQ: Dry Ice Box with Specimen
SEND OUT: Yes
TESTING DAYS: Mon - Fri
TESTING HOURS: Daily
TURN-AROUND-TIME: 3-5 Days
TRANSPORTABLE VIA TUBE SYSTEM: NO
LAB SECTION/PHONE EXTENSION: 41300
LAB PROCESSING INSTRUCTIONS: BIOPSY VIAL IN -70 FREEZER*******

Test Name: **Dmd Complete On Males - Athena**
Test Mnemonic: DMDCOMPMALE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dmd Dna Sequencing Test**
Test Mnemonic: DMDSEQ

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dmd Stepwise Dystophin 1**
Test Mnemonic: DMDSTEP1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dog Dander Rast**
Test Mnemonic: RDOG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Dominant Cmt Evaluation**
Test Mnemonic: DOMCMT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Duchenne Muscular Dys.Del/Dup**
Test Mnemonic: DMDDELDUPMLPA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Duchenne's Musc. Dys. Females**
Test Mnemonic: DMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3cc if 7 months of age or older
2cc if less than 7 months of age
MINIMUM SPECIMEN REQUIREMENT: As above
STORAGE/TRANSPORTATION REQUIREMENTS: Room temperature only
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8 a.m. - 4 p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804
COMMENTS: If patient tests positive, suggest testing family members.
********** LAB PROCESSING INSTRUCTIONS: Do NOT spin. **********

Test Name: **Duck Rast**
Test Mnemonic: RDUCK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL

serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Dystonia Dna Test Athena**
Test Mnemonic: DYST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Dystrophin Gene Seq. (Dmd)**
Test Mnemonic: DYSTROSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **E. Chaffeensis Ab G, Bact,Nes**
Test Mnemonic: ECABG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **E. Chaffeensis Ab M, Bact,Nes**
Test Mnemonic: ECABM
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold SST
SPECIMEN REQUIRED: 2 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 to 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Ebv Early Antigen**
Test Mnemonic: EBVEA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
LIMITATION TO PROCEDURE: Recent transfusion or immune globulin administration muay cause erroneous results. Some suto-immune disorders may cause false positive results.
SEND OUT: No
TESTING DAYS: Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENT: Must be received in Lab by 8a.m. Friday to be resulted same day!

Test Name: **Ebv Nuclear Antigen**
Test Mnemonic: EBNA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 - 7 Days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **Ebv Pcr Quantitative**

Test Mnemonic: EBVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Mon-Fri but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Ebv Viral Capsid Antigen Igg**
Test Mnemonic: EBVG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 - 7 Days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **Ebv Viral Capsid Antigen-Igm**
Test Mnemonic: EBVM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed Thursdays; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 - 7 Days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **Eda Gene In Hypohidrotic Ed**
Test Mnemonic: EDAGENE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Efavirenz (Sustiva)**
Test Mnemonic: EFVL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATIION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: GREEN VACUTAINER
VOLUME REQUIRED: 4MLSPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 24 HRS/DAY 7 DAYS/WK
TURN AROUND TIME: 7 DAYS
LABE SECTION/PHONE EXTENSION: MDL 41311

Test Name: **Egg White Rast**
Test Mnemonic: REGG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Egg Yolk Rast**
Test Mnemonic: RYOLK
Department: LAB - Special Immunology

Test Name: **Ehler's-Danlos Del/Dup**
Test Mnemonic: EDSTYPE4DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ehler's-Danlos Sequencing**
Test Mnemonic: COL3A1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ehler's-Danlos Typ I/Ii Seq**
Test Mnemonic: EDS TYPE1,2 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ehler's-Danlos Type 4 Seq**
Test Mnemonic: EDS TYPE IV SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ehlers-Danlos Syndrome**
Test Mnemonic: EDS
Department: LAB - Metabolic Lab Send Out

Test Name: **Ehrlichia Pcr**
Test Mnemonic: EHRPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 4 ml blood in purple top vacutainer
MINIMUM SPECIMEN REQUIREMENT: 4 ml blood in purple top vacutainer
SEND OUT: No
TESTING DAYS:
TESTING HOURS:
TURN-AROUND-TIME: 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804
COMMENTS: Patient should NOT have received antibiotics for 24 hours prior to collection.

********** LAB PROCESSING INSTRUCTIONS: Do NOT spin. **********

Test Name: **Electrolytes**
Test Mnemonic: LYT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Electron Transport Chain Fibro**
Test Mnemonic: ETCFIB
Department: LAB - Metabolic Lab Send Out

Test Name: **Electron Transport Chain Mus**
Test Mnemonic: ETC
Department: LAB - Metabolic Lab Send Out

Test Name: **Elm Rast**
Test Mnemonic: RELM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Employee Health Wellness Scr**
Test Mnemonic: EHWS
Department: LAB - Chemistry

Test Name: **English Plantain Rast**
Test Mnemonic: REP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Enterovirus Pcr**
Test Mnemonic: ENVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
CONTAINERS: CSF Tube #1
SPECIMEN REQUIRED: 0.5 cc CSF
MINIMUM SPECIMEN REQUIREMENT: 0.2 cc CSF
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab within 1

hour of collection!!
SEND OUT: No
TESTING DAYS: MON, THUR
TESTING HOURS:
TURN-AROUND-TIME: 7 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Molecular Diagnostics/Extension 1804

Test Name: **Environmental Culture**
Test Mnemonic: EC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.
Specimen Container: Sterile cup, tube (#2), or capped syringe
Volume Required: 1-10mL of fluid as available
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week, 24 hours/day
Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours
Culture - Prelim 24 hours; Final 3 days (LP), Final 5 days(shunt)
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Ephedrine/Pseudoephedrine**
Test Mnemonic: EPHPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 10ML URINE (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Erythrocyte Porphyrin**
Test Mnemonic: FEP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 1ML BLOOD (0.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON,WED,SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN

Test Name: **Erythrocyte Sed Rate**
Test Mnemonic: ESR
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Vacutainer
Volume Required: 1.5 ml *See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Erythropoietin**
Test Mnemonic: ERP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Essential Fatty Acid**
Test Mnemonic: EFA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr (overnight) fast is advised.
Specimen Container: Purple Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 21 Days
Lab Section/Phone Extension: Chem/Metabolics/1311

Test Name: **Estradiol Level, Serum**
Test Mnemonic: EST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum
Limitations: No other testing may be performed from this vacutainer!
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Estrogens, Total Serum**
Test Mnemonic: EGS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Estrone Level, Serum**
Test Mnemonic: ETN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Ethotoin**
Test Mnemonic: ET
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Expanded Nbs Panel**
Test Mnemonic: NBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: NEWBORN SCREENING CARD
Volume Required: FILL IN CIRCLES ON CARD WITH BLOOD
ALLOW TO DRY AWAY FROM DIRECT LIGHT OR HEAT.
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Factor 10 Assay**
Test Mnemonic: F10
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 11 Assay**
Test Mnemonic: F11
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the

tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 12 Assay**
Test Mnemonic: F12
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 13 Assay**
Test Mnemonic: F13A
Department: LAB - Coagulation

Test Name: **Factor 13 Screen**
Test Mnemonic: F13
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume

Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Sent out;
may be collected 24 hours/day; 7 days/week.
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 2 Assay**
Test Mnemonic: F2
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 5 Assay**
Test Mnemonic: F5A
Department: LAB - Coagulation

Test Name: **Factor 5 Leiden**
Test Mnemonic: F5L
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 2.0 ml
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 9 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Factor 7 Assay**
Test Mnemonic: F7A
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hrs/day, 7 days/ week
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Up to two factor assays may be performed from the same blue top vacutainer.

Test Name: **Factor 8 Assay**
Test Mnemonic: F8
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hrs/day, 7 days/ week
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Up to two factor assays may be performed from the same

blue top vacutainer. Each inhibitor ordered will require an additional blue top vacutainer.

Test Name: **Factor 8 Inhibitor**
Test Mnemonic: F8 IN
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Factor 8 Assay must also be ordered with this test. The Factor Assay and Factor Inhibitor each require one blue top vacutainer.

Test Name: **Factor 9 Assay**
Test Mnemonic: F9
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hrs/day, 7 days/ week
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Up to two factor assays may be performed from the same blue top vacutainer. Each inhibitor ordered will require an additional blue top vacutainer.

Test Name: **Factor 9 Inhibitor**
Test Mnemonic: F9 IN
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays from 0700-1430; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Factor 9 Assay must also be ordered with this test. The Factor Assay and Factor Inhibitor each require one blue top vacutainer.

Test Name: **Familial Hibernian Fever**
Test Mnemonic: TRAPS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Familial Mediterranean Fever**
Test Mnemonic: MEDITERRANFEVE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Familial Medula Thy Carcinome**
Test Mnemonic: FMTC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Familion Cardiac Ion Channel**
Test Mnemonic: FCIC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER X 2
VOLUME REQUIRED: 4.0 ML X 2 (2 PURPLE TOP VACUTAINERS REQUIRED)
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7DAYS/WK, 24 HRS/DAY
TURN AROUND TIME: 1-3 DAYS, DEPENDING ON DAY OF COLLECTION
LAB SECTION/PHONE: EXT: SEND OUTS 4-1300

COMMENTS: MUST COME THROUGH CARDIOLOGY DEPT

**LAB PROCESSING INSTRUCTIONS:

Test Name: **Family Brugada Syndrome**
Test Mnemonic: FMBRS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Family Dilated Cardiomyopathy**
Test Mnemonic: DCMFM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Family Member Arvc**
Test Mnemonic: FMARVC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Family Member Cardiac Ion Test**
Test Mnemonic: FMFCIC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATION:
LIMIATION TO PROCEDURE:
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER
VOLUME REQUIRED: 4.0ML
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY COLLECT 24 HRS/DAY 7DAYS/WEEK
TURN AROUND TIME; 3-4 WEEKS
LAB SECTION/PHONE EXT: SEND OUTS 4-1300
COMMENTS: MUST COME THROUGH CARDIOLOGY DEPT
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Family Member-Cpvt**
Test Mnemonic: FMCPVT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fatty Acid Free, Nonesterified**
Test Mnemonic: FFA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: OVERNIGHT FASTING IS PREFERRED
Limitation to Procedure: CRITICAL FROZEN - SEND TO LAB ON ICE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fatty Acid Oxidation Scrn**
Test Mnemonic: FAO
Department: LAB - Metabolic Lab Send Out

Test Name: **Febrile Seizure Evaluation**
Test Mnemonic: FSE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 6-10 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fecal Pancreatic Elastase**
Test Mnemonic: FPE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STOOL COLLECTION CONTAINER (STERILE CUP)
Volume Required: N/A
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Felbamate**
Test Mnemonic: FELB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ferret Rast**
Test Mnemonic: RFER
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Ferritin**
Test Mnemonic: FER
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top microtainers

or vacutainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done on Wed. or Thurs; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chemistry/1310
Comments: Fill green bullet to within lines, mix gently.

Test Name: **Fescue Rast**
Test Mnemonic: RFES
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Fetal Hemoglobin Apt Test**
Test Mnemonic: APT
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 1 gm stool or 1 ml gastric fluid
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Stool is the specimen of choice, but gastric may be used.

Test Name: **Fibrin Degradation Prod**
Test Mnemonic: FDP
Department: LAB - Coagulation

Test Name: **Fibrinogen Assay**
Test Mnemonic: FIB
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,

or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **Fibroblast Pc/Pepck Assay**
Test Mnemonic: PC/PEPCK
Department: LAB - Metabolic Lab Send Out

Test Name: **Fibroblast Pdh Complex**
Test Mnemonic: PDHF
Department: LAB - Metabolic Lab Send Out

Test Name: **Fibrospect Or Fibrosure**
Test Mnemonic: FIBROSPECT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fire Ant Rast**
Test Mnemonic: RFIRE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None

Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Fish Cod Rast**
Test Mnemonic: RFSH
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Flecainide Level**
Test Mnemonic: FLC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do NOT collect in Gold Top Vacutainer.
Specimen Container: Red Top Vacutainer Only
Volume Required: 3 ml blood/1.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon-Fri; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 Day
Lab Section/Phone Extension: Chemistry/1310
Comments: Test must be collected before 1100 for same day results. Requires call-back by pathologist on nights/weekends.

Test Name: **Flow Xm-T-Cell**
Test Mnemonic: FLOWXM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 20 ml blood in Yellow Top Vacutainer and 10 ml in Red Top; minimum 20 ml in Yellow Top and 5 ml in

Red Top
Specimen Transport: Send via Tube System
Testing Days/Hours: Routine testing performed Monday - Friday,
0800-1600; on call 24/7 for heart and renal
transplant only; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 24 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: **Flunitrazepam (Rohypnol)**
Test Mnemonic: ROHY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fluoride, Serum**
Test Mnemonic: FLUORIDE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 7ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fm Hypertrophic Cardiomyopathy**
Test Mnemonic: FMHCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Folate**
Test Mnemonic: FOL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 to 7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Folate, Rbc**
Test Mnemonic: FOLR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Whole blood must be frozen within 3 hours.
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 7 days/week, 24 hours/day
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310
Lab Processing Instructions: **Do NOT Spin
**A hematocrit must be performed, and whole blood specimen is frozen in
**plastic tube. Alert Chemistry and Hematolgy if specimen must be shared!

Test Name: **Follicle Stim Hormone Ser**
Test Mnemonic: FSH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer or Green or Gold microtainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Fragile X**
Test Mnemonic: FRAXSENDOUT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: A completed Athena form MUST accompany the specimen or Athena will not perform the test. Forms may be obtained from Lab.
Limitation to Procedure: Collect Mon-Thurs ONLY! Completed Athena form must accompnay the specimen.
Specimen Container: 4 ml Purple Top Vacutainer only
Volume Required: 10 ml blood (minimum 4 ml); *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out to Athena. May be collected Mon-Thurs, 0700 to 1700
Turn Around Time: 3 weeks
Lab Section/Phone Extension: Molecular Diagnostics/1804
**Lab Processing Instructions:
Do Not Spin! Whole blood must be sent within 24 hours of collection. Sent out to AThena on Monday through Thursday only. If sample must be mailed on Friday, mark "Saturday delivery" box on Athena mailing label.

Test Name: **Fragile X Ambry**
Test Mnemonic: FXAMBRY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fragile X At Nebraska**
Test Mnemonic: FRAGX-NEB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vac, 2.0ml Whole Blood
Spec Required: 2ml Blood
Spec Storage/Transport: Room Temp, NO BULLET TUBES
Send out: YES
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon - Fri, 24hrs
Patient Preperation: None
Reflex Tests Associated w/this test: NO
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Extension: 41300
*****LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD SPEC***

Test Name: **Free Dilantin Level**
Test Mnemonic: FDIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Free Sialic Acid**
Test Mnemonic: FSA
Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 20 ML URINE IN NON-STERILE CUP OR TUBE
24 HR URINE COLLECTION.
MINIMUM SPECIMEN REQUIRED: 20 ML URINE
SPEC STORAGE/TRANSPORT REQ: TO LAB ON ICE; NOTE TV,TIME,FREEZE 20ML
SEND OUT: CHILDREN'S HOSP LOS ANGELES,CA
TURN AROUND TIME: RESULTS WITHIN 30 DAYS

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

Test Name: **Free T3**
Test Mnemonic: FT3
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Vacutaianer, Green Top Microtainis is acceptable.
Volume Required: 2ml Blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Free T4**
Test Mnemonic: FT4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer or Green

or Gold microtainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Free/Total Testos With Shbg**
Test Mnemonic: TSTFREESHBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Fshd Dna Analysis**
Test Mnemonic: FSHDDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Fta-Abs**
Test Mnemonic: FTA
Department: LAB - Referred Serology

Test Name: **Fumarylacetoacetate Hydrolase**
Test Mnemonic: FAH
Department: LAB - Metabolic Lab Send Out

Test Name: **Fungus Culture/Wet Prep**

Test Mnemonic: FCG
Department: MIC - Mycology

COLLECTION INSTRUCTIONS:

See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above can not be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: 1-10 mL of fluid, tissue, as available, culturette
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Wet prep - 24 hours,
Culture - Prelim 48 hours; Final 4 weeks
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Gabapentin (Neurotin)**
Test Mnemonic: GABA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gal-1-Phos Uridyl Transferase**
Test Mnemonic: GALT
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

LIMITATION TO PROCEDURE: PATIENT MUST NOT HAVE BEEN TRANSFUSED WITHIN THE PREVIOUS 90-120 DAYS.

Specimen Container: Green Top Vacutainer on ice
Volume Required: 3 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.

Testing Days/Hours: May be collected 24/7

Turn Around Time: Up to 1 week
Lab Section/Phone Extension: Chemistry/Metabolics/4-1311

**Lab Processing Instructions:
DO NOT SPIN!

Test Name: **Galactokinase**
Test Mnemonic: GK
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Patient Preparation: Patient should not have been transfused within the previous 60 days.
Specimen Container: Green Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7 - 10 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
DO NOT SPIN!

Test Name: **Galactose-1-Phosphate, Rbc**
Test Mnemonic: GAL1P
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Patient should not have been transfused within the previous 90-120 days.
Specimen Container: Green Top Vacutainer on ice
MIX SPECIMEN WELL TO AVOID CLOTTING
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: May collect Mon-Fri, 1000-1700. RBC's must be prepared by lab within 30 mins. of collection.
Turn Around Time: Sent to Los Angeles (CA) Children's Hosp
Lab Section/Phone Extension: Chemistry/Metabolics/41311

**Lab Processing Instructions: DO NOT SPIN!

Test Name: **Galactosemia Galt Gene Mutatio**
Test Mnemonic: GALDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gars (Cmt2d) Dna Sequencing**
Test Mnemonic: GARS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gastric Acid Free & Total**
Test Mnemonic: GA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CUP/CONTAINER
Volume Required: 1ML GASTRIC CONTENTS/WASHINGS
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gastric Fluid Occult Blood**
Test Mnemonic: GBLD
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Nonsterile Urine Container
Volume Required: 0.5 ml gastric/0.3 minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Gastrin**
Test Mnemonic: GAST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PUT ON ICE IMMEDIATELY AFTER COLLECTION
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gaucher Monitoring**
Test Mnemonic: GAUM
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Specimen Container: 2 Red Top Vacutainers
Volume Required: 10 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Sent via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 30 days
Lab Section/Phone Extension: MDL/Chem/1311

Test Name: **Gc Culture**
Test Mnemonic: WCGC
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Aimes gel swab/culture (BLUE), if mini-tip is needed or small orifice, use mini-tip Aimes gel swab/culturette (BLUE)
Volume Required: see above
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Prelim 48 hours; Final 3 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Gentamicin Level, Peak**
Test Mnemonic: PKGENT
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:
Patient Preparation: Peak specimen should be collected 30 minutes after IV dose and 1 hour after IM dose.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

##########
#####

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

##########
#####

Test Name: **Gentamicin Level, Random**
Test Mnemonic: GENT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Gentamicin Level, Trough**
Test Mnemonic: TGENT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Ggt**
Test Mnemonic: GGT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Giardia/Crypto Antigen**
Test Mnemonic: GIAR CRYPTO GRO
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Stool - sterile cup or Parapak formalin vial (fill to line)
Rectal swab - well inoculated liquid Stuart's media swab/culturette (WHITE)
Volume Required: Fresh stool in cup, send ASAP; other, see above
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Final 24 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Glucagon**
Test Mnemonic: GLUG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PURPLE TOP SHOULD BE PRE-CHILLED BEFORE COLLECTION
PUT ON ICE IMMEDIATELY AFTER COLLECTION
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: TUES
Turn Around Time: 3-11 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN, SEPARATE PLASMA FROM

CELLS AND FREEZE ASAP

Test Name: **Glucose**
Test Mnemonic: GLUC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gray, Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Glucose Tol Test 3 Hr**
Test Mnemonic: 3HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top tube or green microtainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 0.4 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

   Under 12 yrs . . . 1oz/5kg
   12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, and 3 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glucose Tol Test 4 Hr**
Test Mnemonic: 4HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, and 4 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glucose Tol Test 5 Hr**
Test Mnemonic: 5HGTT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold or green top tube for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 0.5 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 0.4 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg

12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, 4 hours, and 5 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glucose-6-Phos Dehydrogenase**
Test Mnemonic: G6PD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PATIENT MUST NOT HAVE BEEN
TRANSFUSED WITHIN 90-120 DAYS
OF DRAWING SPECIMEN
Specimen Container: PURPLE OR GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: WHOLE BLOOD SPECIMEN
DO NOT SPIN

Test Name: **Glucose/Insulin Tol Test 3 Hr**
Test Mnemonic: 3HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, and

3 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glucose/Insulin Tol Test 4 Hr**
Test Mnemonic: 4HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

Under 12 yrs . . . 1oz/5kg
12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, and 4 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glucose/Insulin Tol Test 5 Hr**
Test Mnemonic: 5HGITT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube for blood(s)
Non-sterile container for urine(s)
SPECIMEN REQUIRED: 2.0 ml blood for EACH draw
1.0 ml urine for EACH collection
MINIMUM SPECIMEN REQUIREMENT: 1.5 ml blood for EACH draw
0.5 ml urine for EACH collection
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

********SPECIAL INSTRUCTIONS********

1. NPO after midnight.

2. The FBS is drawn and delivered to Lab.

3. If FBS is greater than 200, notify MD prior to administering glucola. Administer glucola according to the following dosages:

   Under 12 yrs . . . 1oz/5kg
   12 yrs and older . . . 10 oz

4. Specimens are timed and drawn at 30 minutes, 1 hour, 2 hours, 3 hours, 4 hours, and 5 hours after administration of glucola. Non-sterile urine specimen is collected with EACH blood draw.

5. After testing completed, resume previous diet orders.

Test Name: **Glutamic Acid Decarboxylase-65**
Test Mnemonic: GAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Glutaric Acid, Serum**
Test Mnemonic: GLUT
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer for blood(s)
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.0 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days
TESTING HOURS:
TURN-AROUND-TIME:
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Glycine Receptor Beta Subunit**
Test Mnemonic: GLRB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI

Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycine, Plasma**
Test Mnemonic: P/GLY
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
CONTAINERS: Green or gold top vacutainer or 2 green microtainers
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: 1 ml blood
SPEC STORAGE/TRANSPORT REQUIREMENTS: Transport specimen on ice!!
SEND OUT: No
TESTING DAYS: Started on Thursdays but may be collected 7 days/week
TESTING HOURS: 7 a.m. to 5 p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Ext 1311
Lab Processing Instructions: If only P/GLY (Glycine) is ordered, change ord to "AAIND" and type "Glycine" in cmts when spec rec'd.

Test Name: **Glycogen Stor Disease Scr**
Test Mnemonic: GSDE
Department: LAB - Metabolic Lab Send Out

Clinical History - (Symptoms with indication of suspected disease or enzyme deficiency)

Test Name: **Glycogen Stor Disease Scr**
Test Mnemonic: GSDE
Department: LAB - Metabolic Lab Send Out

Container: Sterile Cup
Volume: 1 gm tissue (biopsy), unfixed
Splecial Instructions:
- Call Metabolic Lab before obtaining - Ext. 1311
- Transport to lab immediately - must be frozen in lab.
- Clinical Summary MUST ACCOMPANY specimen!!!!!
- Send out test to: Y.T. Chen, M.D., Ph D.
  Glyeogen Storage Disease Lab
  Room 234, Bell Bldg, Trent Drive
  Duke University Medical Center

Test Name: **Glycogen Storage Dis. Type 2**
Test Mnemonic: GSDTYPEII
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Disease 1a**
Test Mnemonic: GSD1A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Disease 1b**
Test Mnemonic: GSD1B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycogen Storage Disease 3b**
Test Mnemonic: GSD3B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Glycolate And Glycerate**
Test Mnemonic: GLYCOGLYC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 3ML URINE (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Goose Rast**
Test Mnemonic: RGOO
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Gorlin Syndrome**
Test Mnemonic: GORLINSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A

Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Gpc Alt (Sgpt)**
Test Mnemonic: CCALT
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Ast (Sgot)**
Test Mnemonic: CCAST
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Basic Metabolic Profile**
Test Mnemonic: CCBMP
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 2 green-top microtainers filled to top line
(600 uL) or 2 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Blood Urea Nitrogen**
Test Mnemonic: CCBUN
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Calcium**
Test Mnemonic: CCCA
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Carbon Dioxide**
Test Mnemonic: CCCO2
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Chloride**
Test Mnemonic: CCCL
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Cholesterol**

Test Mnemonic: CCCHOL
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Complete Blood Count**
Test Mnemonic: CCCBC
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test includes an automated Hemagram and a manual Differential.

Test Name: **Gpc Creatine Phosphokinase**
Test Mnemonic: CCCK
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Creatinine**
Test Mnemonic: CCCR
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Dermatophyte Culture**
Test Mnemonic: CCDTM
Department: MIC - Ccc Lab Micro Department

LIMITATION TO PROCEDURE: The specimen must adhere to the SURFACE of the media only. A false positive result may be obtained if the specimen is pushed below the surface of the media.

SPECIMEN VOLUME/CONTAINER: Visible skin scrapings or hair shaft inoculated onto the DTM media (Dermatophyte Test Media). The DTM media is obtained from the GPC lab and is inoculated by the physician. The physician should obtain a skin scraping with a swab or the edge of a glass slide. The physician should obtain the hair shaft with tweezers.

COMMENTS: If the specimen is obtained at a location other than the GPC Clinic, a DTM tube of the same lot number (which has not been inoculated) must be sent with the inoculated tube to be used as a test control.

Test Name: **Gpc Electrolytes**
Test Mnemonic: CCLYT
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Erythrocyte Sed Rate**
Test Mnemonic: CCESR
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: The test must be run within 2 hours after collection of the specimen. Because this is an automated test and temperature-dependent, the room temperature where the instrument is located must be within 20 - 24 degrees Centigrade.

Test Name: **Gpc Glucose**
Test Mnemonic: CCGLUC
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Group A Strep Culture**
Test Mnemonic: CCSS
Department: MIC - Ccc Lab Micro Department

LIMITATION TO PROCEDURE: Throat swab collected in blue-cap culturette containing gel. The swab is returned to the culturette after collection. The swab should be refrigerated if not returned to the lab immediately.

COMMENTS: All specimens for culture are sent to Microbiology in the main Clinical Laboratory for processing.

Test Name: **Gpc Group A Strep Screen(Rflx)**
Test Mnemonic: CCSTLA
Department: MIC - Ccc Lab Micro Department

LIMITATION TO PROCEDURE: Gel swab must NOT be used for strep antigen collection.

SPECIMEN VOLUME/CONTAINER: Throat swab obtained with dual swabs contained in culturette with red cap. Swabs are returned to the culturette after collection. If no dual-swab red-cap culturettes are available, two swabs may be used from two white-cap culturettes which only contain one swab and have no gel. Swabs are returned to the culturettes after collection. Refrigerate the culturettes if not brought to the lab immediately after collection.

COMMENTS: All negative antigen tests will have back-up culture performed. The back-up culture is ordered automatically by entering a negative strep antigen result.

Test Name: **Gpc Guaiac-Group (1-3 Cards)**
Test Mnemonic: CCGUAG
Department: LAB - Ccc Lab Urinalysis Department

LIMITATION TO PROCEDURE: Visible stool should be on guaiac card for best test results.

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) in urine cup.
Will also accept 2 or 3 guaiac cards inoculated with visible stool specimen.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Guaiac card does not require refrigeration but should be returned to lab as soon as possible.

Test Name: **Gpc Guaiac-Single**
Test Mnemonic: CCGUAS

Department: LAB - Ccc Lab Urinalysis Department

LIMITATION TO PROCEDURE: Visible stool should be on guaiac card for best test results.

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) in urine cup.
Will also accept one guaiac card inoculated with visible stool specimen.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Guaiac card does not require refrigeration but should be returned to lab as soon as possible.

Test Name: **Gpc Hemagram**
Test Mnemonic: CCHEMA
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least
250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test includes only an automated Hemagram. A manual Differential is NOT performed.

Test Name: **Gpc Hematocrit**
Test Mnemonic: CCHEMAT
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least
250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test is performed by an automated method.

Test Name: **Gpc Hemoglobin**
Test Mnemonic: CCHGB
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least
250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

Test Name: **Gpc Koh Prep**
Test Mnemonic: CCKOH
Department: MIC - Ccc Lab Micro Department

LIMITATION TO PROCEDURE: Visible skin scrapings or hair shaft are obtained from the infected area and and placed on a glass slide obtained from the GPC lab. Skin scrapings may be obtained by swabbing the infected area or by scraping the infected area with a a second glass slide.

COMMENTS: An additional glass slide should be placed on top of the inoculated slide for protection

during transport to the GPC laboratory.

Test Name: **Gpc Monotest**
Test Mnemonic: CCMONO
Department: LAB - Ccc Lab Serology Department

SPECIMEN VOLUME/CONTAINER:
First choice: 500 uL in purple-top (EDTA) microtainer.
Second choice: 3.0 mL in gold-top vacutainer (will have extra specimen for EBV if ordered later).

COMMENTS: Collecting specimen for mono-test in a purple-top microtainer will decrease the turn-around time of the test result. If a CBC is also ordered, collect a second purple-top (EDTA) microtainer for the CBC.

Test Name: **Gpc Pinworm Prep**
Test Mnemonic: CCPWP
Department: MIC - Ccc Lab Micro Department

SPECIMEN VOLUME/CONTAINER: Specimen is obtained with a pinworm paddle obtained from the GPC Lab. The pinworm paddle is inoculated by touching the sticky side of the paddle to the patient's anal area. Return the inoculated paddle to the tube from which it came and transport it to the GPC lab for examination.

COMMENTS: For best results, the specimen should be obtained in the morning before the patient arises.

Test Name: **Gpc Platelet Count**
Test Mnemonic: CCPLT
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least
250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

Test Name: **Gpc Potassium**
Test Mnemonic: CCK
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line
(600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Pregnancy Profile**
Test Mnemonic: CCPGP
Department: LAB - Ccc Lab Urinalysis Department

LIMITATION TO PROCEDURE: This test is ordered only if a complete UA is not ordered as well.

SPECIMEN VOLUME/CONTAINER: 2 mL urine in sterile urine cup. Minimum specimen required is 1.0 mL.

COMMENTS: First morning specimen is preferred.

Test Name: **Gpc Ref Specific Gravity**
Test Mnemonic: CCREF
Department: LAB - Ccc Lab Urinalysis Department

Test Name: **Gpc Rheumatoid Screen**
Test Mnemonic: CCRAS
Department: LAB - Ccc Lab Serology Department

SPECIMEN VOLUME/CONTAINER: 2.0 mL in gold-top vacutainer

Test Name: **Gpc Rsv**
Test Mnemonic: CCRSV
Department: LAB - Ccc Lab Serology Department

LIMITATION TO PROCEDURE: Inadequate collection may cause a false negative result.

SPECIMEN VOLUME/CONTAINER: Preferred specimen is 5.0 mL of a nasal wash collected in a Steritube obtained from the GPC lab. Minimum specimen required is 1.5 mL of nasal wash.

COMMENTS: Inadequate congestive material in the nasal wash may indicate improper collection.

Test Name: **Gpc Sodium**
Test Mnemonic: CCNA
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Spun Hematocrit**
Test Mnemonic: CCSPHEMAT
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least 250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

COMMENTS: This test is performed manually.

Test Name: **Gpc Stool Ph**
Test Mnemonic: CCSPH
Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **Gpc Stool Reducing Substance**
Test Mnemonic: CCSRS
Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **Gpc Stool Wbc**
Test Mnemonic: CCSWBC

Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 1.0 gram (walnut-size) stool in urine cup.

COMMENTS: Keep stool specimen refrigerated if not sent to lab immediately after collection. Bring to lab within 24 hours of collection.

Test Name: **Gpc Streptozyme**
Test Mnemonic: CCSTREP
Department: LAB - Ccc Lab Serology Department

SPECIMEN VOLUME/CONTAINER: 2.0 mL in gold-top vacutainer

Test Name: **Gpc Total Bilirubin**
Test Mnemonic: CCTBIL
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Triglyceride**
Test Mnemonic: CCTRIG
Department: LAB - Ccc Lab Chemistry Department

SPECIMEN VOLUME/CONTAINER: 1 green-top microtainer filled to top line (600 uL) or 1.0 mL in gold-top vacutainer. Mix specimen collected in green-top tubes gently.

Test Name: **Gpc Urinalysis**
Test Mnemonic: CCUA
Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 10 mL in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection. This test includes a urine dipstick test and a microscopic analysis.

Test Name: **Gpc Urine Dipstick**
Test Mnemonic: CCUADIP
Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection.

Test Name: **Gpc Urine Microscopic**
Test Mnemonic: CCUMIC
Department: LAB - Ccc Lab Urinalysis Department

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup or urine cath tube. Minimum specimen required is 2.0 mL.

COMMENTS: Refrigerate specimen if unable to bring specimen to lab within 2 hours of collection.

Test Name: **Gpc Urine Pregnancy**
Test Mnemonic: CCUPREG
Department: LAB - Ccc Lab Urinalysis Department

LIMITATION TO PROCEDURE: This test is ordered when a GPC URINALYSIS is also ordered.

SPECIMEN VOLUME/CONTAINER: 10 mL urine in sterile urine cup. Minimum specimen required is 2.0 mL.

COMMENTS: First morning specimen is preferred.

Test Name: **Gpc White Blood Cell Count**
Test Mnemonic: CCWBC
Department: LAB - Ccc Lab Hematology Department

LIMITATION TO PROCEDURE: Specimen will be rejected if clotted or is less than the required amount.

SPECIMEN VOLUME/CONTAINER: Whole blood is required. Collect at least
250 uL, but not more than 500 uL, blood in purple-top (EDTA) microtainer or collect 2.0 mL blood in purple-top (EDTA) vacutainer. Mix gently.

Test Name: **Gram Stain**
Test Mnemonic: GS
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in
Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Tissue-sterile cup
Fluid-sterile cup, tube, or capped syringe
If the above cannot be obtaine, a well inoculated
swab/culturette (BLUE) is acceptable.
Volume Required: Fluid, tissue, as available, culturette
Specimen Transport: Sent via tube system, assure container is tightly
sealed with no external contamination.
Testing Days/Hrs: 7 days/wk 0700-1500; may be collected 24/7.
Turn around Time: STAT 30 min.; Urgent 1 hr; routine within 8 hr
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Green Bean Rast**
Test Mnemonic: RGBEAN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Green Pea Rast**
Test Mnemonic: RPEA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Greenwood Genetic Fragile X**
Test Mnemonic: GGTCFRAX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Growth Hormone**
Test Mnemonic: GH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Test performed on Monday or Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 - 7 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Growth Hormone Binding Protein**
Test Mnemonic: GHBP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (1ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: WITHIN 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Guinea Pig Rast**
Test Mnemonic: RGUIN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **H. Influenza B Igg Aby**
Test Mnemonic: HIBTITER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: IF THIS IS A VACCINATION SPECIMEN, LABEL IF PRE AND POST.
PRE AND POST SHOULD BE SENT TOGETHER.

**Lab Processing Instructions: SEPARATE SERUM FROM
CELLS ASAP

Test Name: **H6igg**
Test Mnemonic: H6IGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab as soon as possible so that specimen may be prepared for send-out!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week

TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 3 to 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **H6igm**
Test Mnemonic: H6IGM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab as soon as possible so that specimen may be prepared for send-out!
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 3 to 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Hallervorden-Spatz Syndrome**
Test Mnemonic: PKAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Haptoglobin**
Test Mnemonic: HAPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hazelnut Rast**
Test Mnemonic: RHZL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Hcv Genotyping (Pcr And Seq)**
Test Mnemonic: HCVGEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24 HOURS/DAY
Turn Around Time: 3-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hdl Cholesterol**
Test Mnemonic: HDLC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer or Gold Top Microtainer
Volume Required: 2 ml blood/ 1.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Same day
Lab Section/Phone Extension: Chem/1310

Test Name: **Hearing Loss Panel Tier One**
Test Mnemonic: HLPT1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Helminthosporium Rast**
Test Mnemonic: RHELM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Hemagram**
Test Mnemonic: HEM
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT

Test Name: **Hematocrit**
Test Mnemonic: HCT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer

Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Hemiplegic Migraine Fhm1&2**
Test Mnemonic: FHM12
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hemochromatosis**
Test Mnemonic: HEMODNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hemoglobin**
Test Mnemonic: HGB
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week

Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Hemoglobin Elect Hypertrans**
Test Mnemonic: HGBEH
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Microtainer
Volume Required: 2 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out/may be collected 24 hours/day, 7 days/week. Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Do NOT Spin!

Test Name: **Hemoglobin Electrophoresis**
Test Mnemonic: HGB ELEC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Microtainer
Volume Required: 2 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Tuesdays/ may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Do NOT Spin!

Test Name: **Hemophagocytic Lymphhiscyt Seq**
Test Mnemonic: FHL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Heparain Associated Thrombocyt**
Test Mnemonic: HIT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: SEPARATE SPECIMENS MUST BE SUBMITTED
WHEN MULTIPLE TESTS ARE ORDERED
Specimen Container: GOLD, BLUE, OR PURPLE TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE SERUM/PLASMA FROM
CELLS AND FREEZE ASAP

Test Name: **Heparin Anti-Xa Low Molecular**
Test Mnemonic: HEPXa LMWH
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines. May NOT be performed
from the same specimen as PT/PTT,FIB or D-DIMER. May be performed
from the same specimen as AT3

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Test performed 7 days/week, Shift 1;
may be collected 24 hours/day, 7 days/week
Turn Around Time: 24 hours
Lab Section/Phone Extension: Hematology/41313

****CVICU ROCKS****

Test Name: **Heparin Anti-Xa Ufh**
Test Mnemonic: HEPXa UFH
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines. May NOT be performed
from the same specimen as PT/PTT, FIB, or D-Dimer. May be performed
from the same specimen as AT3.

Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume

Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Test performed 7 days/week, Shift 1; may be collected 24 hours/day, 7 days/week
Turn Around Time: 24 hours
Lab Section/Phone Extension: Hematology/41313

****ECMO ROCKS!****

Test Name: **Hepatic Function Profile**
Test Mnemonic: LFT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Hepatitis A Antibody Total**
Test Mnemonic: HAV
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold or purple top tube
SPECIMEN REQUIRED: 2.0 mL blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Send via tube system
SEND OUT: No
TESTING DAYS: Testing performed on Tuesdays; may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: Closest Tuesday
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Hepatitis A Igm Antibody**
Test Mnemonic: HAVM
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No

TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: **Hepatitis Acute Profile**
Test Mnemonic: HEP
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Green, or Gold Top Vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3 cc blood
SEND OUT: No
TESTING DAYS: Monday and Friday but may be collected 7 days/week
TESTING HOURS: 0700 - 1500 but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 72 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENTS: Panel includes Hepatitis B Surface Antigen, Hepatitis B Core IGM Antibody, Hepatitis A IGM Antibody, and Hepatitis C Antibody.

Test Name: **Hepatitis Auto Immune Panel**
Test Mnemonic: HEPAUTOIMMUNE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: CANNOT SHARE SPECIMENS BETWEEN OTHER TESTS
Specimen Container: PURPLE TOP VACTAINER AND GOLD TOP VACUTAINER
Volume Required: 4.0ML IN PURPLE TOP AND 4.0ML IN GOLD TOP
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: **DO NOT SHARE SPECIMENS WITH OTHER TESTS**

Test Name: **Hepatitis B Core Igm Antibody**
Test Mnemonic: HBCM
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: **Hepatitis B Dna Quant Pcr**

Test Mnemonic: HBVDNAQN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure:
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: 2-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hepatitis B Surface Ab Eh**
Test Mnemonic: HBSABEH
Department: LAB - Chemistry Infectious Disease

Test Name: **Hepatitis B Surface Antibody**
Test Mnemonic: HBSAB
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENT: Specimen must be received by 7a.m. on Friday to be tested that day.

Test Name: **Hepatitis B Surface Antigen**
Test Mnemonic: HBSAG
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension

Test Name: **Hepatitis B Total Core Antib**

Test Mnemonic: HEPBTC
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: **Hepatitis B Virus Genotype**
Test Mnemonic: HBVGEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT, 24HOURS/DAY
Turn Around Time: WITHIN 10 DAYS OF COLLECTION
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hepatitis Be Virus Antibody**
Test Mnemonic: HEPBEAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
Lab section/phone extension: Send-outs 4-1300

SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: Sent out; may be collected 7 days/wk, 24 hr/day
TURN-AROUND-TIME: 3 to 5 days depending on day of collection
TRANSPORTABLE VIA TUBE SYSTEM: Yes

Test Name: **Hepatitis Be Virus Antigen**
Test Mnemonic: HEPBEAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3.0ml
SPECIMEN TRANSPORT: Send via tube system
SEND OUT: yes
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24HR/DAY

LAB SECTION/PHONE EXT: SENT-OUTS 4-1300

COMMENTS:
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Hepatitis C Virus Antibody**
Test Mnemonic: HCV
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314

Test Name: **Hepatitis C Virus Rna Qnt Pcr**
Test Mnemonic: HCVPCRQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Lavender Top Vacutainer
SPECIMEN REQUIRED: Lavender Top Vacutainer
VOLUME REQUIRED: 5 ML
LIMITATION TO PROCEDURE: NO BULLETS OR GREEN OR GOLD TOP TUBES. NO OTHER TESTING MAY BE PERFORMED FROM THIS VACUTAINER.
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 2-4 DAYS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: X41300

Test Name: **Hepatitis D Virus Ab**
Test Mnemonic: HDVAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-7 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hered Hemor Telangiectasia Seq**

Test Mnemonic: HHT SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hereditary Multiple Exostoses**
Test Mnemonic: HME
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3 ML blood

SEND OUT: Yes

TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 3-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUTS 4-1300

Test Name: **Hgb Structural Analysis**
Test Mnemonic: HGBSA
Department: LAB - Metabolic Lab Send Out

Test Name: **Hgprt/Aprt**
Test Mnemonic: HGPRT/AP
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
CONTAINERS: Blood spots on a PKU card.
SPECIMEN REQUIRED: 4 to 8 drops of blood to fill the PKU circle.
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 3 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolics/Extension 1311

********** LAB PROCESSING INSTRUCTIONS: Do NOT spin. **********

Test Name: **Hickory Rast**
Test Mnemonic: RHIC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Histoplasma Antigen**
Test Mnemonic: HISAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS
Specimen Container: Gold Vacutainer
Volume Required: 4 ml
Specimen Transport: Send via tube system
Testing Days/Hours: Sent out; may be collected 7 days/24 hrs
Turn Around Time: 7-10 days
Lab Section/Phone Extension: 4-1300
Comments:
**IF THIS IS NEEDED ON CSF OR URINE, DO NOT ORDER THIS TEST!
**PLEASE SEND CSF OR URINE TO LAB WITH AN "UNORDERABLE TEST" FORM.

Test Name: **Histoplasmosis Immunodiffusion**
Test Mnemonic: HISIM
Department: LAB - Referred Serology

Test Name: **Histoplasmosis Yeast/Mycelial**
Test Mnemonic: HISYM
Department: LAB - Referred Serology

Pt Prep: None
Limitatin to Proc: None
Specimen container: Gold Top, 1ml required
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hrs/day
Turn Around Time: 5 days
Lab Section/Phone: Serology/41870

Test Name: **Hiv 1 & 2 Antibody Screen**
Test Mnemonic: HIV
Department: LAB - Chemistry Infectious Disease

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 1 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific times
TURN-AROUND-TIME: 24 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENTS: This is a screening test only and requires further diagnostic work-up before patient can be considered positive.

Test Name: **Hiv 1 Dna (Pcr)**
Test Mnemonic: HIVDNA1
Department: LAB - Virology

Patient Preparation: NONE
Limitation to Procedure: SEND OUT TO ARUP
Specimen Container: PURPLE VACUTAINER
Volume Required: 4ML WHOLE BLOOD
Specimen Transport: RT
Testing Days/Hours: MON and THURS
Turn Around Time: NEAREST MON AND THURS
Lab Section/Phone Extension: 41300
Comments: **Lab Processing Instructions**
*****DO NOT SPIN*****
REFERRAL TESTING TO ARUP. WHOLE BLOOD. TRANSPORT EITHER ROOM TEMP OR REFRIGERATED 72 HOURS STABILITY

Test Name: **Hiv 1 Rna (Pcr) Quantitative**
Test Mnemonic: HIVRNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Lavender Top Vacutainer
SPECIMEN REQUIRED: Lavender Top Vacutainer
VOLUME REQUIRED: 5 ML
LIMITATION TO PROCEDURE: NO BULLETS OR GREEN OR GOLD TOP TUBES
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 2-4 DAYS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: X41300

Test Name: **Hiv Genotyping**
Test Mnemonic: HIVGENO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER -WILL NEED TWO 4ML TUBES
Volume Required: 8ML BLOOD (5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES-SAT
Turn Around Time: 5-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300

Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE PLASMA FROM
CELLS AND FREEZE ASAP

Test Name: **Hla Abc-Class I**
Test Mnemonic: HLAABC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: **Hla Abcdr Cadxm Confirmatory**
Test Mnemonic: HLACAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: Performed for heart and kidney transplant programs for patients matched by UNOS.
Limitation to Procedure: See above.
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml in Yellow Top
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 hour call; Testing performed 24 hours/day, 7 days/ week. May be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: **Hla B27 Single Antigen**
Test Mnemonic: HLAB27
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW (ACD) TUBE
Volume Required: 5ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time:
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: SEND OUT TO UAMS HLA LAB

Lab Processing Instructions: **DO NOT SPIN
STORE AT ROOM TEMP

Test Name: **Hla Dr/Dq-Class Ii**
Test Mnemonic: HLADR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 10 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pickup.

Test Name: **Hla Xm Autologous**
Test Mnemonic: HLAXMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: No additional blood needed; order with HLA ABC and DR on Recipient.
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600
Turn Around Time: 72 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* No additional blood needed for this test - ordered with HLA ABC and DR.

Test Name: **Hla Xm-Cad**
Test Mnemonic: HLAXM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow Top Vacutainer
Volume Required: 20 ml blood in Yellow Top Vacutainer and 10 ml in Red Top; Minimum 20 ml in Yellow Top and 5 ml in Red Top.
Specimen Transport: Send via Tube System
Testing Days/Hours: 24 Hr Call; Testing performed 24 hours/day, 7 days/week. May be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 hours
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: **Hla Xm-Living Donor**
Test Mnemonic: HLAXMLD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation: No additional blood needed; order with HLA ABC and DR on Recipient.
Testing Days/Hours: Testing performed Monday-Friday, 0800-1600
Turn Around Time: 72 hours

Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* No additional blood needed for this test - ordered with HLA ABC and DR.

Test Name: **Holoprosencephaly (Hpe) Panel**
Test Mnemonic: HPE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THUR
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Homocysteine**
Test Mnemonic: HCYS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:***HOMOCYSTEINE AND PLASMA AMINO ACIDS MUST BE ORDERED ON TWO SEPARATE REQUISITIONS.
CONTAINERS: Gold, Green or Purple
SPECIMEN REQUIRED: 2 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Wednesday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: Within 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolic/Extension 1311

LAB PROCESS INSTRUCTIONS: Spin, separate, freeze plasma/serum ASAP!

Test Name: **Honeybee Rast**
Test Mnemonic: RBEE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Horse Dander Rast**
Test Mnemonic: RHORSE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **House Dust Mites Df Rast**
Test Mnemonic: RHDMDF
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **House Dust Mites Dp Rast**
Test Mnemonic: RHDMDP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Hpylori Igg Ab**
Test Mnemonic: HPYLAB
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be severly lipemic, hemolyzed, heat inactivated or contaminated.
Specimen Container: 6 mL SST vacutainer
Volume Required: 1.5 mL minimum in Red or SST vacutainer
Specimen Transport: Send via tube system
Testing Days/Hours: Testing performed on Mondays; may be collected 24 hrs/7 days
Turn Around Time: 7 days
Lab Section/Phone Extension: Virology/41871
Comments: Label specimen as "Acute" or "Convalescent"

**Lab Processing Instructions:
Separate serum ASAP

Test Name: **Hspb1 (Cmt2f)Dna Sequencing**
Test Mnemonic: HSPB1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hsv 1 Igg Antibody Titer**
Test Mnemonic: HSV1IGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold top vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions:Freeze at -20C

Test Name: **Hsv 2 Igg Antibody Titer**
Test Mnemonic: HSV2IGG

Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold top vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions:Freeze at -20C

Test Name: **Hsv Antigen Type 1**
Test Mnemonic: HSV1
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: HSV Direct Antigen Collection Kit (Obtain from Micro Lab)
SPECIMEN REQUIRED: Lesion Scraping
MINIMUM SPECIMEN REQUIREMENT: Refer to Collection Kit instructions
LIMITATION TO PROCEDURE: Results dependent upon sufficient cellular material for interpretation.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Hsv Antigen Type2**
Test Mnemonic: HSV2
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: HSV Direct Antigen Collection Kit (Obtain from Micro Lab)
SPECIMEN REQUIRED: Lesion Scraping
MINIMUM SPECIMEN REQUIREMENT: Refer to Collection Kit instructions
LIMITATION TO PROCEDURE: Results dependent upon sufficient cellula material for interpretation.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Hsv Pcr**
Test Mnemonic: HSVPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: CSF or purple vacutainer

Volume Required: 0.5ml ml CSF or 0.3ml EDTA whole blood (minimum 0.22ml CSF and 0.22ml whole blood)
Specimen Transport:RT
Testing Days/Hours: Sun-Sat 8am
Turn Around Time: 1 day
Lab Section/Phone Ext: Immunology 44242
Comments:

**Lab Processing Instructions:

Test Name: **Htlv I/Ii Antibody**
Test Mnemonic: HTLVI/II
Department: LAB - Infectious Disease Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Container: Gold, Green, or Purple Vacutainer
Volume Required: 2 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Htlv I/Ii Antibody W Reflex**
Test Mnemonic: HTLV AB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold, Green, or Purple Vacutainer
Volume Required: 2 mL blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Human Anti-Chimeric Antibody**
Test Mnemonic: HACA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: GOLD TOP VACUTAINER
VOLUME REQURIED: 2.0ML
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24 HR/DAY
COMMENTS:

**LAB PROCESSING INSTRUCTIONS:

Test Name: **Human Parvovirus B19 Igg**
Test Mnemonic: HPVB19
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold Top Tube

SPECIMEN REQUIRED: 2cc blood
MINIMUM SPECIMEN REQUIREMENT: 1cc blood
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Human Parvovirus B19 Igm**
Test Mnemonic: HPVB19M
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold Top Tube
SPECIMEN REQUIRED: 2cc blood
MINIMUM SPECIMEN REQUIREMENT: 1cc blood
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Human Parvovirus B19 Pcr**
Test Mnemonic: HPVB19PCR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: ROOM TEMP, TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT 24 HOURS/DAY
Turn Around Time: 1-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: TEST CAN ALSO BE PERFORMED ON CSF OR EDTA PLASMA

**Lab Processing Instructions:

Test Name: **Hyper Igm Syndrome**
Test Mnemonic: HYPERIGM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hypertrophic Cardiomyopathy**
Test Mnemonic: HCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Hypochondroplasia**
Test Mnemonic: HYPOCH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ibd Serology 7**
Test Mnemonic: IBDS7
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 mL blood
*See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System.
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Ibuprofen**
Test Mnemonic: IB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ica-512-Autoantibodies**
Test Mnemonic: ICA512
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume Per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Ifdcl Only Cd4**
Test Mnemonic: CD4ID
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
Patient Preparation:
Limitation to Procedure:
Specimen Container: 2 ml Green vacutainer
Volume Required: 1ml (see minimum acceptable volume per tube type below)
Specimen Transport: Send via tube system
Testing days/hours: Tuesday & Fridays/0900-1400
May be collected 24/7
Turn around time: 72 hours
Lab Section/phone Extension: Special Immunology/41804
Comments: **Lab Processing Instructions: DO NOT SPIN

Test Name: **Igf 1/Somatomedin C**
Test Mnemonic: SOMC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type"
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Within 7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Igf Binding Protein 1**

Test Mnemonic: IGFBP1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (0.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON,THURS
Turn Around Time: 2-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE AND FREEZE ASAP

Test Name: **Igf Binding Protein 2**
Test Mnemonic: IGFBP2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Igf Binding Protein 3, Im**
Test Mnemonic: IGF3
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send out via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Igg Aspergillus**
Test Mnemonic: IGGASP
Department: LAB - Special Immunology

LAB PROCESSING INSTRUCTIONS:
SPECIMEN REQUIRED: 2.0 ML RED/GOLD TOP FOR 0.5 ML SERUM
MINIMUM SPECIMEN REQUIRED: 0.5 ML SERUM
SPEC STORAGE/TRANSPORT REQUIREMENTS: REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: YES TO ARUP FOR FORWARD TO IBT FOR IGG ASPERGILLUS

TESTING DAYS: M-F
TESTING HOURS: 8A
TURN-AROUND-TIME: 2 WEEKS
TRANSPORTABLE THROUGH TUBE SYSTEM: Y

Test Name: **Igg Subclass 1**
Test Mnemonic: IGG1
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: **Igg Subclass 2**
Test Mnemonic: IGG2
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: **Igg Subclass 3**
Test Mnemonic: IGG3
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: **Igg Subclass 4**
Test Mnemonic: IGG4
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS:TRANSPORT REFRIGERATED
LIMITATION TO PROCEDURE:
SEND OUT: ARUP # 50571
TESTING DAYS: MON-SAT
TESTING HOURS: MAY BE COLLECTED ANYTIME
TURN-AROUND-TIME: 5-7 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROL/1870

Test Name: **Il28b Polymorphism Genotype**
Test Mnemonic: IL28
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: COLLECTION MONDAY-THURSDAY ONLY!!
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4.0ML (MINIMUM 3.0ML)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 3-7 DAYS
Lab Section/Phone Extension: REFERRAL DEPT 4-1300
Comments:

Test Name: **Imipramine & Desipramine**
Test Mnemonic: IMIPDESIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Vacutainer
Volume Required: 5 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Immunofix Electrophoresis, Sr**
Test Mnemonic: IEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Immunoglobulin A**
Test Mnemonic: IGA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: No
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/41310

Test Name: **Immunoglobulin D**
Test Mnemonic: IGD
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serologyy/Extension 1870

Test Name: **Immunoglobulin E**
Test Mnemonic: IGE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer or microtainer
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Varied 2-3x per week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 day
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Immunoglobulin G**
Test Mnemonic: IGG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day

TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/41310

Test Name: **Immunoglobulin M**
Test Mnemonic: IGM
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1.0 cc
SEND OUT: No
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/41310

Test Name: **Infantile Hepatic Depletion**
Test Mnemonic: MPV17
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Influenza Pcr**
Test Mnemonic: FLUPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: 1 NP SWAB, BAL, TRACH, NASAL WASH
Volume Required: 440 MICROLITER MINIMUM
Specimen Transport: RT TRANSPORT/ REFRIG STORAGE after 24 hrs
Testing Days/Hours: SUN-SAT TESTING HOURS: 8a, 11a, 2p Mon-Fri
and 8a and 12p Sat-Sun
Turn Around Time: 24 HOURS
Lab Section/Phone Extension: MDI/44242
Comments:

Test Name: **Inhibitor Screen**
Test Mnemonic: INH SC
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Insulin Antibody**
Test Mnemonic: INAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Insulin Level**
Test Mnemonic: INS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Ionized Calcium**
Test Mnemonic: ICA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Heparinized Syringe or Green Top Vacutainer
Volume Required: 0.5 ml blood/0.3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 Hr
Lab Section/Phone Extension: Chem/1310

Test Name: **Ionized Magnesium**
Test Mnemonic: IMG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Heparinized Syringe or Green Top Vacutainer
Volume Required: 0.5 ml blood/0.3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System. First place specimen container in a plastic bag before sending via the tube system.

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1 Hr
Lab Section/Phone Extension: Chem/1310

Test Name: **Ipecac**
Test Mnemonic: IPECAC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED OR PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: VARIES
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Iron**
Test Mnemonic: FE
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1.5 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24

hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: Fill green microtainer to within lines, mix gently

Test Name: **Iron % Saturation**
Test Mnemonic: FE SAT
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GOLD VACUTAINER
Volume Required: 3.0 mL BLOOD
Specimen Transport: TUBE SYSTEM
Testing Days/Hours:24/7
Turn Around Time: 2 HR
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Iron Binding Capacity**
Test Mnemonic: TIBC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Isohemagglutinin Titer**
Test Mnemonic: ISO
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Patient Preparation: None
Limitation to Procedure: None
Specimen Container: Lavender
Volume Required: 2-4 mL
Specimen Transport: Tube system
Testing Days/Hours: 7 days/week 24 hrs/day for patients who are being considered for ABO incompatible heart transplants or who are in heart transplant surgery.
0630-1500 for routines.
TURN AROUND TIME: 15 minutes for STATs when STAT spin is performed; 1.5-2 hours for routines.
LAB SECTION PH EXT: 4-1314.
COMMENTS: Began testing in-house in 2006. This test will provide

indications for criteria for placing infants on ABO incompatible heart transplantation protocol.

LAB: Perform test STAT for patients considered for ABO incompatible heart transplant or in heart transplant surgery.

Test Name: **Isopropanol Chromatogrphy**
Test Mnemonic: ISOH
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Test Name: **Itraconazole Drug**
Test Mnemonic: ITRACON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS: Green or Gold top Vacutainers
Patient Prep: P&T, Level Timed Specimens
Limitation to Procedure: Drug dosage info Required on Sheet.
Volume Required: 3ml; Specimen Transport, Tube System.
Testing Days/Hours: Mon - Fri, 24 hours, Turn around time: 4-7 days
LAB USER NOTES:
Freeze P(NaHEP) or Serum ASAP.
Specimen Required: 3ml Green or Gold top Vac min 2ml
Send out: Yes
LAB TESTING SECTION/PHONE 41300
REFLEX TESTS ASSOCIATED W/THIS TEST: NO

Test Name: **Jak2 Mutation**
Test Mnemonic: JAK2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Jak3 Dna Analysis**
Test Mnemonic: JAK3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER (MULTIPLE TUBES NEEDED)
Volume Required: 8ML BLOOD (6ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Jaundice Chip Resequencing**
Test Mnemonic: JAUCHIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Johnson Rast**
Test Mnemonic: RJHN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Joint Fluid Cell Count**
Test Mnemonic: CCJF
Department: LAB - Fluid Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Testing should be performed within 2 hours of collection.
Specimen Container: 3 ml Green Top Vacutainer
Volume Required: Maximum 0.6 ml in Green Top Vacutainer (excess specimen may result in clotting)
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours

Lab Section/Phone Extension: Hematology/1313
Comments: Includes cytospin WBC Differential
Specify joint fluid collection site

Test Name: **Kallman Syndrome**
Test Mnemonic: KALLMAN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Keppra (Levitracetam)**
Test Mnemonic: KEP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ketones, Acetone Qual**
Test Mnemonic: KET
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Kingella Kingae Pcr**
Test Mnemonic: KINGPCR

Department: LAB - Molecular Biology

Test Name: **Kleihauer Betke Stain**
Test Mnemonic: KB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected Monday - Friday
0800-1430
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Laboratory Hold**
Test Mnemonic: HX
Department: LAB - Laboratory Hold

********** SPECIAL INSTRUCTIONS **********

1. Serum will be frozen and will be held for 2 months.

2. Blue top tubes for coagulation will be held for a maximum 2 hours.

3. Purple top tubes/bullets will be held for a maximum of 24 hrs.

4. Blood Bank holds must be collected in purple top tubes, labeled "hold for Blood Bank", dated, timed, and signed by collector.

5. Blood cultures may be drawn and held for at least 24 hrs.

Test Name: **Lactate/Pyruvate - Blood**
Test Mnemonic: LAC-PYR
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:
CONTAINERS: Special tube - Obtain in Lab
SPECIMEN REQUIRED: 1 ml blood
MINIMUM SPECIMEN REQUIREMENT: 1 ml blood
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Shake specimen vigorously as soon as blood is drawn! Place on ice and transport to lab ASAP!
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 7a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 3 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Metabolic/Extension 1311

Test Name: **Lactic Acid / Lactate**
Test Mnemonic: LA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Gray Top Vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1630
*** Tubed specimens, requiring ice, should first be placed in an
empty plastic bag to protect the label(s); the bagged specimen is
then placed in a second plastic bag which contains ice.

Test Name: **Lambs Quarters Rast**
Test Mnemonic: RLQ
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Lamotrigine (Lamictal), Serum**
Test Mnemonic: LAM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Latex Rast**
Test Mnemonic: RLATEX
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Ldh**
Test Mnemonic: LDH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Ldh Isoenzymes**
Test Mnemonic: LDISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 4 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3 cc blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Lead**
Test Mnemonic: LEAD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Tan Top Vacutainer
********Note: Lab tests other than LEAD can no longer be performed***
********on the TAN top specimens.**********
Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: May be collected 24 hours/day,

7 days/week.
Turn Around Time: 48-72 hours
Lab Section/Phone Extension: Referred Testing/1300

Test Name: **Legionella Antibody Titer**
Test Mnemonic: LEGT
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 4 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Acute and Convalescent (>21 days after onset) strongly recommended!

Test Name: **Legionella Culture**
Test Mnemonic: LEGCULT
Department: LAB - Referred Serology

Test Name: **Leptospirosis Antibody**
Test Mnemonic: LEPTO
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Twice weekly but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
COMMENTS: Initial specimen should be collected at onset of illness; second specimen should be drawn at 2 - 4 weeks

Test Name: **Leukemia, Lymphoma Panel**
Test Mnemonic: LEULYP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 3 ML blood

SEND OUT: Yes

TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 2-4 WEEKS

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUTS 4-1300

Test Name: **Lidocaine Level**
Test Mnemonic: LID
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Limb Girdle Muscular Dystrophy**
Test Mnemonic: LGMD
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 6 ML blood

SEND OUT: Yes

TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 4-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUTS 4-1300

Test Name: **Lipase**
Test Mnemonic: LIP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Lipid Profile**
Test Mnemonic: LP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS: IF MONITORING TRIGLYCERIDE LEVELS WHILE THE PATIENT IS ON INTRALIPID THE BLOOD SAMPLE SHOULD BE DRAWN DURING LIPID INFUSION...REFERENCE PEDIATRIC DOSAGE HANDBOOK WHICH THE SECONDARY REFERENCE IS : NATIONAL ADVISORY GROUP ON STD. AND PRACTICE GUIDELINES.
CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Liportein Electrophoresis**
Test Mnemonic: LIPOEP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Lithium Level**
Test Mnemonic: LI
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top microtainer or Gold Top vacutainer

Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Green Top microtainers are not acceptable

Test Name: **Liver Kidney Microsomal Ab Igg**
Test Mnemonic: LKMIGG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 1-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Liver Kidney Microsomal Ab Igg**
Test Mnemonic: LKMIGGOLD
Department: LAB - Send Out Test

Test Name: **Lobster Rast**
Test Mnemonic: RLOB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Loeys-Dietz Syndrome**
Test Mnemonic: LDS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Lopinavir (Kaletra)**
Test Mnemonic: LOPV

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREP: Time of Peak and/or Trough Specimen
Limitation to Procedure: Fill out proper sheet for drug dosage req.
Specimen Container: Green or gold top vacutainer
Volumn required: 3ml
Specimen Transport: Tube System
Testing Days/Hours: Mon - Fri
Turn around time: 4 - 7 days, SEND OUT
Lab Section/Phone Extention: 41300
**********LAB PROCESSING INSTRUCTIONS**********
Freeze P(NaHEP) or Serum ASAP
Specimen Required: 3 ML in Green or Gold Top Vac
Minimum Spec Req: 2ml in Green or Gold Topo Vac
Spec Storage/Transport: Room Temp

Test Name: **Lupus Anticoagulant Workup**
Test Mnemonic: LAW
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: 2 Blue Top Vacutainers
Volume Required: 1.8 ml in each of two 2.0 mL Vacutainers (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Luteinizing Hormone**
Test Mnemonic: LH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Lyme Disease Antibody**
Test Mnemonic: LYME-AB
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 2 mL blood
MINIMUM SPECIMEN REQUIREMENT: 1 mL blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870
ASSOCIATED REFLEX TESTS: Includes Western Blot if reactive

Test Name: **Lyme Western Blot, G & M**
Test Mnemonic: LYMEW
Department: LAB - Referred Serology

Test Name: **Lymphocye Inf Response Tb Qt**
Test Mnemonic: LYMRESPTBQT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 3-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!!
WHOLE BLOOD SPECIMEN

Test Name: **Lymphocyte Subsets**
Test Mnemonic: LYMSUBSET
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Lysosomal Enzyme Screen**
Test Mnemonic: LES
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Clinical history form MUST accompany specimen.
Specimen Container: Green Top Vacutainer
Volume Required: 10 ml blood/5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected Mon-Thurs before 1400.
Turn Around Time: 30 days
Lab Section/Phone Extension: Chem/MDL/1311
**Lab Processing Instructions:
DO NOT SPIN!

Test Name: **Magnesium**
Test Mnemonic: MG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Malaria Smear**
Test Mnemonic: PMALST
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Purple Top microtainer or vacutainer
Volume Required: 1mL blood/0.5 minimum
Specimen Transport: Send via Tube system, assure container is tightly sealed with no external spillage

Testing Days/Hours: Testing performed 7 days/week, 24 hours/day
Turn around Time: Thin smear - Prelim 30 minutes,
Thick smear - Final 24 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Manganese**
Test Mnemonic: MANG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE OR ROYAL BLUE VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: METAL FREE SYRINGE AND ROYAL BLUE VACUTAINER
CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Mannose Binding Lectin**
Test Mnemonic: MBL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Room Temp via Tube System
Testing Days/Hours: May be collected 24 hrs/day, 7 days/week
Turn Around Time: 1-5 days
Lab Section/Phone Extension: Referred Testing x 41300

Test Name: **Manual Differential**
Test Mnemonic: DIFFMAN
Department: LAB - Hematology

Test Name: **Marfan Syn. Type 1 And 2**
Test Mnemonic: MARSYN12
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Marfan Syndrome Type 1**
Test Mnemonic: MARSY1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Maternal Hepatitis B Surf Ag**
Test Mnemonic: MHBSAG
Department: LAB - Chemistry Inf Disease Maternal

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific testing times
TURN-AROUND-TIME: 24 - 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension
COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Mother's Blood".**

Test Name: **Maternal Hiv 1 & 2 Antibody Sc**
Test Mnemonic: MHIV
Department: LAB - Chemistry Inf Disease Maternal

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top tube or Green top Vacutainer
SPECIMEN REQUIRED: 3 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Daily
TESTING HOURS: Varies; Call extension 1314 for specific times
TURN-AROUND-TIME: 24 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Blood Bank/Extension 1314
COMMENTS: This is a screening test only and requires further diagnostic work-up before patient can be considered positive.

Test Name: **Maternal Rpr**
Test Mnemonic: MRPR
Department: LAB - Serology Maternal

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630); may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".
COMMENTS: **If specimen already has mother's label on it, please leave label visible. Also attach baby's label, and write on baby's label "Mother's Blood".**

Test Name: **Mc4r Early Onset Obesity**
Test Mnemonic: MC4R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Mdma & Metabolite (Ecstasy)**
Test Mnemonic: ECSTASY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Measles Virus Igg Antibody**
Test Mnemonic: MEASG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood

MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Measles Virus Igm**
Test Mnemonic: MEASM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Meconium Amphetamine**
Test Mnemonic: MEC AMP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container. Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing, 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Cannabinoids**
Test Mnemonic: MEC CANN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container. Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample

quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Cocaine**
Test Mnemonic: MEC COC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container. Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Lab referred testing 4-1300
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Opiates**
Test Mnemonic: MEC OP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container. Write only the first collection date and time on the label. Collect 2 grams meconium (approximately 2 teaspoons). The container should remain refrigerated in NICU until you have collected a total of 2 teaspoons of sample from your patient. Once the appropriate sample quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Metabolic Lab/41311
Comments: Meconium collection kits can be used, but are not required.

Test Name: **Meconium Pcp**
Test Mnemonic: MEC PCP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparations:
Limitation to Procedure: Stool is not acceptable specimen
Specimen container: NSU - Place patient label on the container.
Write only the first collection date and time on the label. Collect
2 grams meconium (approximately 2 teaspoons). The container should
remain refrigerated in NICU until you have collected a total of 2
teaspoons of sample from your patient. Once the appropriate sample
quantity has been collected, send to the lab.

Volume Required: 2 grams/5 tests
Specimen Transport: Transport via the tube system at room temperature
Testing Days/Hours: Send to reference lab Monday - Thursday
Turn Around Time: 2-3 days
Lab Section/Phone ext: Metabolic Lab/41311
Comments: Meconium collection kits can be used, but are not
required.

Test Name: **Med Ch Acyl Dehydrogenase**
Test Mnemonic: MCAD
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Write "MCAD" on PKU card
Specimen Container: PKU Card
Volume Required: Fill all circles completely with blood
Specimen Transport: Send via Tube System.
Testing Days/Hours: Sent out;may be collected 24 hours/day,
7 days/week.
Turn Around Time: 30 Days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Men,Adenovirus Antibodies**
Test Mnemonic: MENAD
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,California Encephal Igm**
Test Mnemonic: MENCALM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,California Encephal. Igg**
Test Mnemonic: MENCALG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Cmv Igg Antibody**
Test Mnemonic: MENCMVG
Department: LAB - Virology

SPECIMEN REQUIRED: SERUM (RED TOP***DO NOT USE SST***)
MINIMUM SPECIMEN REQUIRED: 3.0 ML SERUM FOR ENTIRE
MEMINGOENCEPHALITIS WORK-UP
LIMITATION TO PROCEDURE: DO NOT ORDER THIS TEST ALONE. THE
RESULTS FROM THIS TEST ARE TO BE COMPARED WITH RESULTS FROM
TESTING OTHER POTENTIAL CAUSES OF MENINGOENCEPHALITIS.
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: VIROLOGY, 1630
COMMENTS: THIS TEST SHOULD BE ORDERED W/OTHER WORK-UP COMPONENTS
TO MINIMIZE THE AMOUNT OF SPECIMEN REQUIRED.

Test Name: **Men,Cmv Igm Antibody**
Test Mnemonic: MENCMVM
Department: LAB - Virology

SPECIMEN REQUIRED: SERUM (RED TOP***DO NOT USE SST***)
MINIMUM SPECIMEN REQUIRED: 3.0 ML SERUM FOR ENTIRE
MEMINGOENCEPHALITIS WORK-UP
LIMITATION TO PROCEDURE: DO NOT ORDER THIS TEST ALONE. THE
RESULTS FROM THIS TEST ARE TO BE COMPARED WITH RESULTS FROM
TESTING OTHER POTENTIAL CAUSES OF MENINGOENCEPHALITIS.
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: VIROLOGY, 1630
COMMENTS: THIS TEST SHOULD BE ORDERED W/OTHER WORK-UP COMPONENTS

TO MINIMIZE THE AMOUNT OF SPECIMEN REQUIRED.

Test Name: **Men,Coxsackie A Antibodies**
Test Mnemonic: MENCOXA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Coxsackie B Antibodies**
Test Mnemonic: MENCOXB
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Eastern Equine Igg**
Test Mnemonic: MENEEEG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Eastern Equine Igm**
Test Mnemonic: MENEEEM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Echovirus Antibodies**
Test Mnemonic: MENECHO
Department: LAB - Virology

OLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Hsv Igg Antibody**
Test Mnemonic: MENHSVG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Hsv Igm Antibody**
Test Mnemonic: MENHSVM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Influenza A Virus Antibody**
Test Mnemonic: MENINA
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Influenza B Virus Antibody**
Test Mnemonic: MENINB
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Lcm Virus Igg Antibody**
Test Mnemonic: MENLCMG
Department: LAB - Virology

OLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Lcm Virus Igm Antibody**
Test Mnemonic: MENLCMM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Measles Igg Antibody**

Test Mnemonic: MENMEAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Measles Igm Antibody**
Test Mnemonic: MENMEAM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Mumps Igg Antibody**
Test Mnemonic: MENMUMG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Mumps Igm Antibody**
Test Mnemonic: MENMUMM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes

LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,St. Louis Encephalitis Igg**
Test Mnemonic: MENSLG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,St. Louis Encephalitis Igm**
Test Mnemonic: MENSLM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,Varicella Antibody**
Test Mnemonic: MENVZV
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,W. Equine Encep Igg, Serum**
Test Mnemonic: MENWEEG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men,W. Equine Encep Igm, Serum**
Test Mnemonic: MENWEEM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Men2 Seq**
Test Mnemonic: MEN2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mephobarbital**
Test Mnemonic: MEPHO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do Not use Gold Top Vacutainer!
Specimen Container: Purple Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Metanephrine Plasma**
Test Mnemonic: METS

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 4ml blood
Specimen Transport: Send via Tube System
Turn Around Time: 5 days
Special Instructions: Specimen cannot be shared between other tests.
Lab Section/Phone Extension: Referred Testing/41300

Test Name: **Methanol Chromatography**
Test Mnemonic: MEOH
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

Test Name: **Methemoglobin Reduc, Spec Nec**
Test Mnemonic: MHGB-R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Yellow Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Methotrexate Level**
Test Mnemonic: METH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Methyl Malonic/2methylcit/Hcys**
Test Mnemonic: MMA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: GOLD OR GREEN
Volume Required: 2ml
Specimen Transport: Send via Tube system ON ICE!
Turn Around Time: 7 days
Testing Days/hours: Sent out; may be collected 24hr/day 7 days/wk
Lab Section/phone extension: MDL/41311
Comments: TESTS PERFORMED: METHYL MALONIC ACID, HOMOCYSTEINE,
2-METHYL-CITRULLINE, CYSTATHIONINE TO DIAGNOSE AND
DISTINGUISH BETWEEN DEFICIENCIES OF B12 AND FOLATE.
**Lab Processing Instructions:
SEPARATE AND FREEZE WITHIN 1 HOUR!

Test Name: **Milk Rast**
Test Mnemonic: RMLK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Miscellaneous Rast Test**
Test Mnemonic: RASTMISC
Department: LAB - Special Immunology

Test Name: **Mito Dna Point Mutations**
Test Mnemonic: DNA C
Department: LAB - Metabolic Lab Send Out

Test Name: **Mitochondrial Depletion/Delet**
Test Mnemonic: MTDNADEPDEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Mitogen Transformation**
Test Mnemonic: MIT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: Infant 3 ml blood
Toddler 5 ml blood
> 5 years 10 ml blood
MINIMUM SPECIMEN REQUIREMENT: For infant and toddler, as above
For patients > 5 years, 5 ml blood
LIMITATION TO PROCEDURE: Collect only on Mondays, Tuesdays before 12:00 pm, Thursdays, and Fridays before 12:00 pm. Blood stable for 24-36 hours. Call 4-1804 regarding requests for Wednesday collections. Consultation with Immunology, Allergy, or Infectious Disease requested.
SEND OUT: No
TESTING DAYS: Tuesday and Friday
TESTING HOURS: 12:00 pm on Tuesdays and Fridays
TURN-AROUND-TIME: 5 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

Lab Processing Instructions: ****DO NOT SPIN***

Test Name: **Mody Evaluation Athena**
Test Mnemonic: MODY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Modydetx**
Test Mnemonic: MODYDEXISO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Molybdenum**
Test Mnemonic: MOLYB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: ROYAL BLUE VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: ROYAL BLUE VACUTAINER CAN BE OBTAINED FROM LAB

**Lab Processing Instructions:

Test Name: **Monotest**
Test Mnemonic: MONO
Department: LAB - Serology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum *See
"Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri, 0800 - 1630;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the
receiving refrigerator in the box
marked "Serology".

Test Name: **Mrx Panel**
Test Mnemonic: MRX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure:

Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 3.0 ML

Specimen Transport:SEND VIA TUBE SYSTEM
Testing Days/Hours:SENT OUT, MAY BE COLLECTED 7 DAYS/WK, 24HRS/DAY
TURN AROUND TIME: 4-6 WEEKS
LAB SECTION/PHONE EXT: SEND OUT 4-1300

COMMENTS: PLEASE OBTAIN A REQUISITION FOR THIS TEST FROM THE LAB

Test Name: **Mtdna Point Mutation/Deletion**
Test Mnemonic: MTDNAPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mthfr Gene Mutation**
Test Mnemonic: MTHFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mucoplysaccaride Enzymes**
Test Mnemonic: MPSE
Department: LAB - Metabolic Lab Send Out

Test Name: **Mumps Virus Igg, Serum**
Test Mnemonic: MUMPSG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Mumps Virus Igm, Serum**
Test Mnemonic: MUMPSM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: May be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Muscular Dystrophy (Males)**
Test Mnemonic: DMDEL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Musk Antibody**
Test Mnemonic: MUSK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mycophenolic Acid**

Test Mnemonic: MMF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Mycoplasma Igg Antibody**
Test Mnemonic: MYCOIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer

Volume Required: 1.0 mL Whole blood; 0.5 mL Minimum; *See "Minimum Acceptable Volume per Tube Type" below
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; may collect 24 hours/day, 7 days/week.
Turn around time:1 - 7 days
Lab Section/Phone Extension:Virology/1630

**Lab Processing Instructions:Freeze at -20C.

Test Name: **Mycoplasma Pneumoniae Ab Igm**
Test Mnemonic: MYCOM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myelin Basic Protein**
Test Mnemonic: MBP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

Limitation to Procedure: N/A
Specimen Container: CSF COLLECTION TUBE
Volume Required: 1ML CSF (0.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myeloperoxidase Antibody**
Test Mnemonic: MPOAB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Myeloperoxidase Stain**
Test Mnemonic: MYELOST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: FOR PERIPHERIAL BLOOD SPECIMENS: PURPLE TOP VACUTAINER
OR GREEN TOP VACUTAINER
FOR BONE MARROW SPECIMENS: HEPARINIZED ASPITATE
Volume Required: PERIPHERIAL BLOOD: 2ML BLOOD (1ML MINIMUM)
BONE MARROW: 1ML HEPARINIZED ASPIRATE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: 6 UNFIXED SMEARS MUST BE MADE BY HEMATOLOGY
TO SEND WITH SPECIMEN
WHOLE BLOOD SPECIMENS-DO NOT SPIN

Test Name: **Myoglobin-Serum, Qt**
Test Mnemonic: MYOS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold or Red Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Myotonic Dystrophy, Type 1**
Test Mnemonic: DM1DNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Napa/Procainamide**
Test Mnemonic: NAPAPRC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
DEPARTMENT/PREFIX: SEND OUT
Turn Around Time:
Lab Section/Phone Extension: Chem/1310

Test Name: **Narcolespy Dna Test**
Test Mnemonic: NARDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: PURPLE TOP (NO BULLET TUBES)
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon - Fri, 24 hrs
SEND OUT: YES

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: SEND OUT 4-1300
COMMENTS: OBTAIN TEST REQUISITION FROM LAB
**********LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD SPECIMEN*******

Test Name: **Nc Maternal Milk Inf Disease**
Test Mnemonic: NCMATMILK
Department: LAB - Lab

COLLECTION INSTRUCTIONS:

See Inadvertent Milk Policy Before Ordering

Limitation to Procedure:
Specimen Container: Gold Vacutainer(s)
Volume Required: 7.0 ml
Specimen Transport: Send via tube system
Testing Days/Hrs: Varies by Test; Turn around time Varies by Test
Lab Section/Ph# Chem: 41310; BB/41314; Serology/41930
INCLUDES: HEP B SURFACE ANTIGEN; HEP C VIRUS ANTIBODY; HIV 1&2 AB SCREEN; HTLV I/II ANTIBODY; RPR

Test Name: **Nelfinavir (Viracept)**
Test Mnemonic: NELFL
Department: LAB - Send Out Test

Patient Preparation: Peak & Trough Timed Spec
Limitation to procedure: Drug dosage info Required on Sheet
Specimen Container: GREEN OR GOLD TOP VACUTAINER
Volume Required: 3ML WHOLE BLOOD IN GREEN OR GOLD TOP VAC
Specimen Transport: ROOM TEMP, May use tube system
SEND OUT: Yes
Testing Days/Hours: MON thru FRI
Turn Around Time: 4 - 7 Days
Lab Section/Phone Extension: 41300
Comments: **Lab Processing Instructions**
FREEZE P(NaHEP) OR SERUM ASAP

Test Name: **Nemaline Myopathy (Acta1)**
Test Mnemonic: ACTA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nemaline Myopathy,Auto Rec**
Test Mnemonic: DELACTA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Neonatal Diabetesmellitus Eval**
Test Mnemonic: NDME
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Neurofibromatosis Type 1**
Test Mnemonic: NFT1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Neurofibromatosis Type 2**
Test Mnemonic: NFT2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Neutrophil Oxidative Burst**
Test Mnemonic: OXB
Department: LAB - Special Immunology

**********NOTE TO LAB: DO NOT SPIN!!!!**********

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: TEST IS TIME SENSITIVE AND RUN ON TUES AND FRI
1PM ONLY UNLESS PREARRANGED THROUGH LAB OR IMM/ALL/ID. Blood may be drawn on Mon, Tues (received by 1pm), Thurs,
Fri (received by 1pm).
SPECIMENS GREATER THAN 24-32 HOURS OLD SUBJECT TO CANCELLATION BY TESTING DPT

Specimen Container: GREEB VACYTAUBER
Volume Required: 2ML
Specimen Transport: RT
Testing Days/Hours: TUES/FRI
Turn Around Time: 24h
Lab Section/Phone Ext: SPIMM 41804
Comments: Contact Immunology 4180 with any questions regarding this assay

**Lab Processing Instructions:

Test Name: **Newborn Screen**
Test Mnemonic: PKUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: Do NOT touch area within circle before or after blood collection.
Limitation to Procedure: If circle does not fill completely, do NOT try to apply a second drop to same circle. Start over with a 2nd larger drop in a NEW circle. Apply to only one side of the paper. Allow to dry away from direct light or heat.
Specimen Container: PKU Card
Volume Required: Enough blood to completely fill each circle. See directions above. (Do not reapply a second drop to any circle.)
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-3 weeks
Lab Section/Phone Extension: Chem/1310

Test Name: **Ng (Gc) Pcr**
Test Mnemonic: NGPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATIION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Remove excess mucous from cervix using the large cleaning swab in the red/black package prior to collection. Discard cleaning swab.
Limitation to Procedure: Leave blue shaft collection swab only in Tube!!!
Specimen Container: Aptima swab specimen transport tube
Specimen Required: 1 Endocervical/Male urethral (ONLY!)
Volume Required: 1 swab per tube
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon, Wed, Fri 0800; may be collected 24 hrs/day, 7 days/week.
Turn Around Time: 72 hours
Lab Section/Phone Extension: Molecular Diagnostics/1804
**Lab Processing Instructions: Place specimens in CT/NG cup in front sendout area refrigerator within 1 hour of receipt.

Test Name: **Nicotine & Metabolites**
Test Mnemonic: NIC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 1ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nitrous Blue Tetro**
Test Mnemonic: NBT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Nkh Comprehensive**
Test Mnemonic: NKH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Noonan Syn.Comp.Reseq.Array**
Test Mnemonic: NSCRA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Noonan Syndrome Ptpn11**
Test Mnemonic: PTPN11
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: DRAW SPECIMENS ONLY MON-THURS
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Noonan Syndrome Tier 1**
Test Mnemonic: NOONAN1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Norrie Disease Seq Female**
Test Mnemonic: NDP SEQ FEMALE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Norrie Disease Seq Male**
Test Mnemonic: NDP SEQ MALE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Nortriptyline**
Test Mnemonic: NOR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN OR RED VACUTAINER
Volume Required: 6ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Oak Rast**
Test Mnemonic: ROAK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Oat Rast**
Test Mnemonic: ROAT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Oligosaccharides/Sialic Acid**
Test Mnemonic: OLIGO
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice.

Seal both bags.
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 14 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Opitzg/Bb Syndrome**
Test Mnemonic: OPITZG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Optic Atrophy Type 1**
Test Mnemonic: OPT1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Orange Rast**
Test Mnemonic: RORANGE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Osmolality**
Test Mnemonic: OSM
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Osmolar Gap Profile**
Test Mnemonic: OSMG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Osmotic Fragility**
Test Mnemonic: OF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Prep: None
Specimen Container: 2ml Green Top Vac & 2 unfixed smears
Min Required: 2 ml Green top Vac
Spec Storage/Transport: Room Temp
Send out: Yes
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon thru Fri, 24hrs
Turn around: 3-5 days
LIMITATION TO PROCEDURE: NO BULLET TUBES
REFLEX TESTS ASSOCIATED W/THIS TEST: NO
Lab Section/Phone Extension: 41300

Test Name: **Ostengen Imperfecta Blood Dna**
Test Mnemonic: OICOL1A
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 6-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Osteocalcin, Serum**
Test Mnemonic: OST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Osteogenesis Imperfecta**
Test Mnemonic: OI
Department: LAB - Metabolic Lab Send Out

Test Name: **Otc Mutation Anaylsis**
Test Mnemonic: OTCMUT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER (MULTIPLE TUBES NEEDED)
Volume Required: 8ML BLOOD (6ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ova And Parasite**
Test Mnemonic: OP
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info

Cabinet for proper collection procedures.
Specimen Container: Stool - clean cup or Parapak formalin vial and PVA vial. If not enough stool for both PVA and formalin, fill PVA.
Volume Required: 1 gm or 1 mL minimum of fresh stool in cup, send ASAP; PVA and formalin vials, fill to line
Specimen Transport: Send via Tube system, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Final 24 hours - 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Oxcarbazepine (Trileptal)**
Test Mnemonic: TRIL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Parathyroid Hormone, Intact**
Test Mnemonic: PTH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Mon or Thurs; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Partial Cmt Eval.Type 1,4f,4a**
Test Mnemonic: PARCMT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: YELLOW TOP (ACD) VACUTAINER
Volume Required: 10ML BLOOD (8ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pcd 61**
Test Mnemonic: PCD61
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pd Fluid Creatinine**
Test Mnemonic: PDCREA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Pd Fluid Glucose**
Test Mnemonic: PDGLU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Pd Fluid Sodium**
Test Mnemonic: PDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: FLUID COLLECTION CUP/TUBE
Volume Required: 3ML PD FLUID (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours:
Turn Around Time:

Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

Lab Processing Instructions: ***DO NOT SPIN*

Test Name: **Pd Fluid Urea**
Test Mnemonic: PDUREA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Non sterile urine container
Volume Required: 1 ml fluid/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Peanut Rast**
Test Mnemonic: RPNT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pecan Rast**
Test Mnemonic: RPCN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pendrin Syndrome**
Test Mnemonic: PENDRINSYN

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Penicillium Rast**
Test Mnemonic: RPEN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Penicilloyl G Rast**
Test Mnemonic: RPENG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Penicilloyl V Rast**
Test Mnemonic: RPENV
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pentobarbital Level**
Test Mnemonic: PENT
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Do NOT use Gold Top Vacutainer. THIS IS NOT THE SAME AS "PHENOBARBITAL"!
Specimen Container: Red Top Vacutainer Only!
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon-Fri 0630-1430; requires call-back during off hours with pathology approval. May be collected 24 hours/day, 7 days/week. Performed same day if rec'd by 0900.
Turn Around Time: 7 Hrs
Lab Section/Phone Extension: Chem/MDL/1310

Test Name: **Periodic Fever Syndrome**
Test Mnemonic: PFS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Peritoneal Anaerobic Culture**
Test Mnemonic: PDA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:

SPECIMEN REQUIRED: 10 MLS OF FLUID IN STERILE CUP OR SYRINGE
MINIMUM SPECIMEN REQUIRED: 3 ML IN STERILE CUP OR SYRINGE
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: TRANSPORT ASAP
LIMITATION TO PROCEDURE: NONE
SEND OUT: NO
TESTING DAYS: DAILY
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: PRELIM 48 HOURS; FINAL 5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: MICRO/41871
COMMENTS: SEE NURSING PROCEDURES IN OA LIBRARY FOR COLLECTION PROCEDURE

Test Name: **Peritoneal Dialysate Culture**
Test Mnemonic: PDG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
INCLUDES GRAM STAIN
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Sterile cup, tube, or capped syringe
Volume Required: 1-5mL
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external spillage
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Prelim 24 hours; Final 5 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Peroxisomal Disorder-Pex13,15**
Test Mnemonic: PEROXPEX1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Phenobarbital Level**
Test Mnemonic: PHNO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Phenylalanine/Tyrosine**
Test Mnemonic: P/T
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Gold, or Green Top Microtainer (2ea) or a Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed on Wed and Fri; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Pheresis Only Cd34**
Test Mnemonic: CD34
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
Specimen Container: 2.0ml Purple Top Vacutainer
Volume Required: 1.0 ml
See "MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Mon-Fri, 8am-2pm
Turn Around Time: 24 hours
Lab Section/Phone Extension: SPECIAL IMMUNOLOGY/41804
Comments: For Stem Cell Apheresis only!

Test Name: **Phoma Betae Rast**
Test Mnemonic: RPB
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Phosphorus**
Test Mnemonic: PHOS

Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Phytanic Acid**
Test Mnemonic: PHYAC
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr Fast is advised
Specimen Container: Purple Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 21 Days
Lab Section/Phone Extension: Chem/MDL/1311
**Lab Processing Instructions:
Separate, freeze plasma, and refrigerate rbcs

Test Name: **Pigweed Rast**
Test Mnemonic: RPIG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pine Nut Rast**
Test Mnemonic: RPINE
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: **Pinworm Paddle**
Test Mnemonic: PPWPR
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Pinworm paddle, acquire from cart system
Volume Required: see above
Specimen Transport: Send via Tube system, ASAP, assure no external contamination
Testing Days/Hours: Testing performed 7 days/week; 24 hours/day
Turn around Time: Final 30 minutes
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Pipecolic Acid**
Test Mnemonic: PPC
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 Hr prior fast (overnight) is advised.
Specimen Container: Green or Gold Top Vacutainer or Microtainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Pistachio Rast**
Test Mnemonic: RPIST
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes

TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630
COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: **Pitt-Hopkins Syndrome**
Test Mnemonic: PITTHS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pku Variant Screen (Biopterin)**
Test Mnemonic: PKU VAR
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: STERILE URINE CUP
Volume Required: 5ML URINE (1 ML MINIMUM)
Specimen Transport: TRANSPORT ON ICE AND PROTECTED FROM LIGHT
Testing Days/Hours: MON-FRI
Turn Around Time: 2-3 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: sPECIMEN MUST BE ON ICE AND PROTECTED FROM LIGHT

**Lab Processing Instructions:

Test Name: **Plasma Free Hemoglobin**
Test Mnemonic: PFH
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Blue Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System (NOT on ice)
Testing Days/Hours: Testing performed 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 24 Hrs

Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Spin and freeze plasma.

Test Name: **Plasminogen**
Test Mnemonic: PLASP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Sent out; may be collected 24 hours, day, 7 days/week.
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Platelet Aggregation**
Test Mnemonic: PA
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Both BLUE AND PURPLE top tubes are needed!!

Limitation to Procedure: Testing must be completed within 3 hours of specimen collection.
Specimen Container: 4 Blue Top Vacutainers and 1 Purple Top Microtainer or Vacutainer
Volume Required: 1.8 mL in each of four 2.0 mL Blue Top Vacutainers (correct specimen volume is crucial; tube must be filled according to the BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume), and 0.25 mL (to bottom fill line) in Purple Top Microtainer or 1.0 mL in in Purple Top Vacutainer.
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System at room temperature ASAP
NOT ON ICE (must be within 30 minutes).
Testing Days/Hours: Monday - Friday, 0900 - 1300
MUST BE SCHEDULED IN ADVANCE
Turn Around Time: 3 week-days
Lab Section/Phone Extension: Hematology/4-1313

Comments: Schedule in advance with Special Coagulation - ext. 1313.
If possible, patient should be medication free for 2 weeks prior to testing. If not possible, a list of medications is required.

Test Name: **Platelet Count**
Test Mnemonic: PLT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Platelet Function Screen**
Test Mnemonic: PFA PFS
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Patient Preparation:
Limitation to Procedure: Testing must be completed within 4 hours of specimen collection.
Specimen Container: 2 Blue Top Vacutainers
Volume Required: 1.8 mL in each of 2 2.0 mL Blue Top Vacutainers (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
*See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System at room temperature ASAP (must be within 30 minutes).
Testing Days/Hours: Sunday - Saturday, 7:00 a.m. - 10:00 p.m.
Turn Around Time:
Lab Section/Phone Extension: Special Coagulation/41313

**Lab Processing Instructions:
DO NOT SPIN. Testing is performed on whole blood.

Test Name: **Platelet Glycoprotein Express**
Test Mnemonic: PGE
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Call Hematology laboratory before collecting specimen! See comments

below.
Specimen Container: Yellow Top Vacutainer
Volume Required: 5 ml in vacutainer for patient specimen; a control must also be collected from a non-family member
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may not be collected 7 days/week (call lab to schedule)
Turn Around Time: 10 days
Lab Section/Phone Extension: Hematology/1313
Comments: Call the Hematology laboratory in advance to schedule (Shift 1, Monday - Friday). Specimens may only be collected on certain days.
**Lab Processing Instructions:
Processed and sent out by Hematology section. Do not centrifuge. Refrigerate specimen. Do not freeze.

Test Name: **Pm-1 Antibody**
Test Mnemonic: PM1
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **Pmp22 Duplication Analysis**
Test Mnemonic: PMP22DUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pneumococcal Titers (Pre/Post)**
Test Mnemonic: PNEUMO
Department: LAB - Send Out Test

CONTAINERS: Gold top vacutainer

SPECIMEN REQUIRED: 5 cc blood
MINIMUM SPECIMEN REQUIREMENT: 3.5 cc blood
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 2p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunologyy/Extension 1804
COMMENTS: Note whether pre immunization, post immunization or random.

Test Name: **Polg Related Disorders Seq**
Test Mnemonic: POLGSEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pompe Dna Analysis**
Test Mnemonic: POMPEDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pork Rast**
Test Mnemonic: RPRK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT

Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Potassium**
Test Mnemonic: K
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Potato Rast**
Test Mnemonic: RPOTA
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Pra-Class I**
Test Mnemonic: PRAI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Red Top Vacutainer
Volume Required: 10 ml blood; 5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing batched and performed monthly; may be collected 24 hours/day, 7 days/week.
Turn Around Time: up to a month
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:

* Do NOT spin; hold at room temp; call HLA to pick up.

Test Name: **Pra-Class I Dtt**
Test Mnemonic: PRADTT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 10ML BLOOD (5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time:
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pra-Class Ii**
Test Mnemonic: PRAII
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Red Top Vacutainer
Volume Required: 10 ml blood; minimum 5 ml
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing batched and performed quarterly; may be collected 24 hours/day, 7 days/week.
Turn Around Time: up to 3 months
Lab Section/Phone Extension: HLA/1803
**Lab Processing Instructions:
* Do NOT Spin; hold at room temperature; call HLA to pick up.

Test Name: **Prader Willi Methylation Synd**
Test Mnemonic: PWSMETH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Prader Willi Syn. Fish Test**
Test Mnemonic: PRWIF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure:
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 2.0ML
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Extension: SEND OUT 4-1300

Test Name: **Pre-Albumin**
Test Mnemonic: PREALB
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Pregnenolon, Serum**
Test Mnemonic: PREGNEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (1.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES,THURS,SAT
Turn Around Time: 3-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE, AND
FREEZE SERUM ASAP

Test Name: **Primidone (Mysoline)**
Test Mnemonic: MYS
Department: LAB - Send Out Test

Test Name: **Probrain Natriuretic Peptide**
Test Mnemonic: BNP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Vacutainer,
Green Top Microtainer is acceptable.
Volume Required: 2ml Blood

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

Turn Around Time: 2 hours
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Procalcitonin**
Test Mnemonic: PROCAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD OR GREEN TOP VACUTAINER
Volume Required: 2.0ML (1.8ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: NONE

**Lab Processing Instructions: NONE

Test Name: **Progesterone, Serum**
Test Mnemonic: PROG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Prolactin**
Test Mnemonic: PROL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation: Do not draw sample until patient has
been awake for at least two hours.
Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day,
7 days/week.
Turn Around Time: 3-5 days

Lab Section/Phone Extension: Chem/1310

Test Name: **Propranolol, Drug Nes**
Test Mnemonic: PROP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 5ML BLOOD (5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Prostate Specific Antigen**
Test Mnemonic: PSA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Protein C Antigen**
Test Mnemonic: PRCAP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 7 days

Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Protein C Functional**
Test Mnemonic: PRCP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume). See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Protein Electrophoresis, Serum**
Test Mnemonic: PROT EL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Protein S Functional**
Test Mnemonic: PRSFP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume

Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Protein S Total**
Test Mnemonic: PRSTP
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen
volume is crucial; tube must be filled according
to BD Vacutainer Plastic Citrate Tube Draw Volume
Guide, available from the Laboratory. Filling the
tube to just below the blue arrow in the top center
of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 7 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Prothrombin G20210 Mutation-F2**
Test Mnemonic: PT20210
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 2 mL
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 10 days
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.
Do not centrifuge. Refrigerate specimen. Do not freeze.

Test Name: **Prothrombin Time (Pt)**
Test Mnemonic: PT
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Procedure Limitation:Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
See MINIMUM ACCEPTABLE VOLUME PER TUBE TYPE below.
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: Includes INR. PT, PTT, Fibrinogen, and D-Dimer may all be performed from the same specimen.

Test Name: **Pseudocholinesterase**
Test Mnemonic: PCHE
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Pten Sequencing Assay At Neb**
Test Mnemonic: PTEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ptpn11 Seq. Complete**
Test Mnemonic: PTPN11COMP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preperation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 2ml Purple Top Vac

MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
******LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD**********

Test Name: **Purines And Pyrimidines**
Test Mnemonic: PUR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE SENT TO LAB ON ICE
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Pyruvate**
Test Mnemonic: PYR
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Patient Preparation: NPO 4 Hrs prior to drawing blood
Limitation to Procedure: Fill blood to line on tube. Shake vigorously and place on ice immediately.
Specimen Container: Special Tube; obtain from Lab
Volume Required: 1 ml blood/1 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed Mon-Fri 0800-1700; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 72 Hrs
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Pyruvate Kinase**
Test Mnemonic: PK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PATIENT MUST NOT HAVE BEEN
TRANSFUSED WITHIN 90-120 DAYS
OF DRAWING SPECIMEN
Specimen Container: GREEN OR PURPLE VACUTAINER
Volume Required: 3ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: DO NOT SPIN

Test Name: **Q Fever Igg-Phase I&Ii**
Test Mnemonic: QFEV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: Yes
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Quantitative Ketones**
Test Mnemonic: KETQ
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Must be spun and separated within 30
minutes of collection; send to Lab ASAP!
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood
Specimen Transport: Send via Tube System on ice. First
place specimen container(s) in an
empty plastic bag to protect the
label(s); then place the bagged specimen
in a second plastic bag which contains
ice. Seal both bags.
Testing Days/Hours: Testing performed on Tuesdays only; may
be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL/4-1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE PLASMA WITHIN 30 MINUTES OF COLLECTION

Test Name: **Quinidine, Serum**
Test Mnemonic: QUIN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Rab7 (Cmt2b) Dna Sequencing**
Test Mnemonic: RAB7
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ragweed Giant Rast**
Test Mnemonic: RAGG
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Ragweed Short Rast**
Test Mnemonic: RAGS
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Rbc Cholinesterase**
Test Mnemonic: RBCC
Department: LAB - Metabolic Lab-Blood/Plasma/Csf

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 2 ml blood/0.6 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 24 Hrs
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Do NOT Spin!

Test Name: **Rbc Plasmalogens**
Test Mnemonic: RBCP
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Specimen Container: Purple Top Vacutainer
Volume Required: 2 ml blood; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 30 days
Lab Section/Phone Extension: Chem/MDL/1311
**Lab Processing Instructions: Spin, separate and freeze plasma, and refrigerate rbcs.

Test Name: **Red Blood Cell Enzyme Eval**
Test Mnemonic: RBCENZ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: Yellow (ACD) Vacutainer
Spec Storage/Trans Req: Room Temp
Volume Required: 8ml (5 ml min.)
Specimen Transport: Send via Tube System

Testing Days/Hours: Mon - Thursday
Turn Around Time: 3-5 days
Lab Section/Phone Extension: 41300
Lab Processing Instruction: Whole Blood Specimen********
8ml in Yellow top Vac (ACD Solution)

Test Name: **Reduced Ristocetin Aggreg**
Test Mnemonic: RRA
Department: LAB - Coagulation

Test Name: **Ref Anti-T. Cruzi (Chagas)**
Test Mnemonic: RCGS
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Antibody Screen**
Test Mnemonic: RAS
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Blood Group And Rh**
Test Mnemonic: RABORH
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Cmv**
Test Mnemonic: RCMV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Hepatitis B Total Core**
Test Mnemonic: RHBC
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Hepatitis C Virus**
Test Mnemonic: RHCV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Hiv 1/2 Antibody**
Test Mnemonic: RHIV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Htlv 1&2 Antibody**
Test Mnemonic: RHTLV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Nat Hiv-1/Hcv/Hbv**
Test Mnemonic: RNAT
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Nat West Nile Virus**
Test Mnemonic: RNATWNV
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Ref Rpr**
Test Mnemonic: RRPR
Department: BBK - Blood Bank Reference

Call Blood Bank at 4-1314 for requirements.

Test Name: **Referred Clost Bot Toxin**
Test Mnemonic: RCBT
Department: MIC - Referred

Patient Preparation: Collect stool and serum sample
Limitation to Procedure: Only performed by special request
Specimen Container: Stool- can be non sterile container, serum in gold or red top tube.
Volume Required: Stool= 2 ml, serum= 2 ml
Specimen Transport: Is transportable in the tue system.
Testing Days/Hours:M-F/ anytime
Turn Around Time: unknown
Lab Section/Phone Ext: Microbiology 41871
Comments: Sent out to CDC labs, Atlanta, GA

**Lab Processing Instructions: Must have CDC form filled out by physician and must have State Health approval.

Test Name: **Renal Function Panel**
Test Mnemonic: RFP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green Top Microtainer or Vacutainer or Gold Top Vacutainer
Volume Required: 1 ml blood/0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: Fill Green Microtainer to within lines, mix gently.

Test Name: **Renin, Plasma**
Test Mnemonic: REN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: SEND TO LAB ON ICE, DO NOT SHARE SPECIMEN WITH OTHER TESTS
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
***SPIN, SEPARATE, & FREEZE PLASMA ASAP!

Test Name: **Resp Culture (Non-Trach)**
Test Mnemonic: RCR
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. N/P and throat cultures should have specific organisms for identification. "Look for MRSA" Please list.

If MRSA surveillance, please collect from the anterior nares.

Specimen Container: Fluid - sterile cup or tube; if this cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: see above
Specimen Transport: Send via Tube system, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn around Time: Prelim 24 hours; Final 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Resp Culture (Trach)**
Test Mnemonic: RCG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included.
Specimen Container: Fluid - sterile cup or tube; if this cannot be obtained, a well inoculated swab/culturette (BLUE) is acceptable.
Volume Required: Fluid as available or swab/culturette

Specimen Transport: Send via Tube system, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week; 24 hours/day
Turn around Time: Gram stain - STAT 30 minutes, urgent 1 hour, routine within 8 hours
Culture - Prelim 24 hours, Final 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Respiratory Culture-Sputum**
Test Mnemonic: RCSP
Department: MIC - Microbiology

Test Name: **Respiratory Virus Antigens**
Test Mnemonic: RESPAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: 1 dacron NP swab OR rayon throat swab OR nasal aspirate OR sputum
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday - Friday, but may be collected 7 days/week
TESTING HOURS: 8a.m. - 5p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 hour
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

The Respiratory Antigen Panel screens for the presence of influenza A, influenza B, adenovirus, respiratory syncytial virus (RSV) and parainfluenza 1, 2 & 3.

Test Name: **Reticulin Antibody**
Test Mnemonic: RETICABY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: GOLD TOP TUBE
SPECIMEN REQUIRED: 1 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport ASAP so that specimen may be refrigerated for shipping!
SEND OUT: Yes
TESTING DAYS: Monday - Saturday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Reticulocyte Count**
Test Mnemonic: RETIC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer

Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer. See MINIMUM ACCEPTABLE
VOLUME PER TUBE TYPE below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313
Comments: CBC includes WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, WBC
Differential, and RBC Morphology

Test Name: **Rett Syn Mecp2 Seq./Mlpa-Neb**
Test Mnemonic: MECP2SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preperation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 2ml Purple Top Vac
REFLEX TESTS ASSO W/THIS TEST: NO
MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
******LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD**********

Test Name: **Rett Syn.Dup.Mecp2mlpa-Neb**
Test Mnemonic: MECP2MLPA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preperation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 2ml Purple Top Vac
REFLEX TESTS ASSO W/THIS TEST: NO
MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
******LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD**********

Test Name: **Rett Syndrome Variant**
Test Mnemonic: FOXG1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI

Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Rheumatoid Factor**
Test Mnemonic: RAQ
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer preferred; Green Top Vacutainer acceptable
Volume Required: 1.0 mL; 0.5 mL minimum
Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Chemistry

Test Name: **Ribosomal P Protein Antibody**
Test Mnemonic: RIBOP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: SPIN AND SEPARATE FROM CELLS ASAP

Test Name: **Rice Rast**
Test Mnemonic: RIC
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Risto Plasma Substitution**
Test Mnemonic: RPS
Department: LAB - Coagulation

Test Name: **Ristocetin Cofactor**
Test Mnemonic: RIST
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Vacutainer
Volume Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole Blood in each tube. (volume is crucial). Factor VIII, VW Antigen, and Ristocetin Cofactor may be performed from the same specimen.
Minimum Specimen Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole Blood in each tube.
Spec Storage/Transport Requirements: Blue (Sodium Citrate)
Specimen Transport: Send via tube system at room temperature ASAP NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays. May be collected 24 hours/day, 7 days/week.
Turn Around Time: 2-9 days, depending on day of collection (results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Because of the risk of specimen activation in traumatic collection, performance of von Willebrand Workup is not recommended in patients less than two years of age.

Test Name: **Rnp, Ena Ab Each**
Test Mnemonic: RNP
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **Rocky Mount. Spot. Fev. Screen**
Test Mnemonic: RMSFLA
Department: LAB - Serology

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL whole blood; 0.5 minimum; *See "Minimum Acceptable Volume per Tube Type" below.

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon/Wed/Fri (0800-1630);
may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
Comments: Titer is performed automatically on all positive latex tests.
**Lab Processing Instructions: All serology specimens are stored in the receiving refrigerator in the box marked "Serology".

Test Name: **Rpr**
Test Mnemonic: RPR
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum. *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri (0800 - 1630);
may be collected 24 hours/day, 7 days/week.
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **Rsv Culture**
Test Mnemonic: RSVC
Department: LAB - Virology

nasopharyngeal washing is the preferred specimen.
Results will be reported as + or - for RSV infection.

** Upon special requests, the test may be performed on Tracheal Aspirate or Bal samples.

A Negative Result does not rule out the presence of RSV

COLLECTION INSTRUCTIONS:
1) Clip the needle from a butterfly infusion set leaving the tubing attached to a luer syringe filled with 2 - 3 mL of normal sterile saline.
2) Swab the nasopharynx with a dacron swab to loosen the epithelial cells.
3) Insert tubing into the nasopharynx and flush the saline into the NP area. Quickly draw back the saline and any congestive material into the syringe. THE WASHING SHOULD CONTAIN CONGESTIVE MATERIAL.
4) Expel all of the wash into the sterile screw top tube.
MAKE SURE LID IS ON TIGHT WITH NO EXTERNAL SPILLAGE
5) Label the specimen properly, place sample in bag and seal.
6) Immediately send the sample to the laboratory via the tube system.

Specimen Container: Sterile Screw top tube. Obtain from lab.
Volume Required: 0.5 mL of washing expelled directly into the sterile tube

Transport: Via Tube System
Testing Days/Hours: 24 hrs/day 7 days/week; may be collected
24 hours/day, 7 days/week.
Turn around Time: 1 - 14 days
Lab Section/Phone Extension: Virology 4-1630

**Lab Processing Instructions: If RSVC is ordered, Inoculate Hep2 culture tube and place culture tube in container marked "RSV Culture" in the glass door incubator in Microbiology.

Test Name: **Rsv Eia**
Test Mnemonic: RSVEIA
Department: LAB - Virology

A nasopharyngeal washing is the preferred specimen.
Results will be reported as + or - for RSV infection.

** Upon special requests, the test may be performed on Tracheal Aspirate or Bal samples.

A Negative Result does not rule out the presence of RSV

COLLECTION INSTRUCTIONS:
1) Clip the needle from a butterfly infusion set leaving the tubing attached to a luer syringe filled with 2 - 3 mL of normal sterile saline.
2) Swab the nasopharynx with a dacron swab to loosen the epithelial cells.
3) Insert tubing into the nasopharynx and flush the saline into the NP area. Quickly draw back the saline and any congestive material into the syringe. THE WASHING SHOULD CONTAIN CONGESTIVE MATERIAL.
4) Expel all of the wash into the sterile screw top tube.
MAKE SURE LID IS ON TIGHT WITH NO EXTERNAL SPILLAGE
5) Label the specimen properly, place sample in bag and seal.
6) Immediately send the sample to the laboratory via the tube system.

Specimen Container: Sterile Screw top tube. Obtain from lab.
Volume Required: 0.5 mL of washing expelled directly into the sterile tube
Transport: Via Tube System
Testing Days/Hours: 24 hrs/day 7 days/week; may be collected
24 hours/day, 7 days/week.
Turn around Time: 1 - 14 days
Lab Section/Phone Extension: Virology 4-1630

**Lab Processing Instructions: If RSVC is ordered, Inoculate Hep2 culture tube and place culture tube in container marked "RSV Culture" in the glass door incubator in Microbiology.

Test Name: **Rubella Igg Antibody**
Test Mnemonic: RUBIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See

"Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time:1 - 7 days
Lab Section/Phone Extension: Virology 1630
**Lab Processing Instructions:Freeze at -20C

Test Name: **Rubella Immune Screen**
Test Mnemonic: RUBS
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top vacutainer preferred; Green Top Vacutainer acceptable.
Volume Required: 1.0 mL; 0.5 mL minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Transport: Send via Tube System.
Testing Days/Hours: Testing performed Mon - Fri, 0800 - 1630; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: Virology/1630
**Lab Processing Instructions: Place all serology specimens in the receiving refrigerator in the box marked "Serology".

Test Name: **Russell Silver Syndrome**
Test Mnemonic: RSSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Salicylate Level**
Test Mnemonic: SAL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Sca1 Dna**
Test Mnemonic: SCA1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Scallop Rast**
Test Mnemonic: RSCLP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Scl-70 Antibody**
Test Mnemonic: SCL70
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
COLLECTION CONTAINER: GOLD SST
SPECIMEN REQUIRED: 2 ML BLOOD
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD
SEND OUT: YES
TESTING DAYS: MAY BE COLLECTED 7 DAYS/WEEK
TESTING HOURS: MAY BE COLLECTED 24 HRS/DAY
TURN-AROUND-TIME: 3 - 5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/EXTENSION 1870

Test Name: **Scn1a Complete Evaluation**
Test Mnemonic: SCN1A

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Scn1b**
Test Mnemonic: SCN1B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3.5ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-3 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Selenium Level**
Test Mnemonic: SELSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: METAL FREE SYRINGE/VIAL
OR ROYAL BLUE VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES,THURS, SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: METAL FREE SYRINGE AND ROYAL BLUE TOPS
CAN BE OBTAINED FROM LABORATORY

**Lab Processing Instructions:

Test Name: **Serine Protease 3 Antibody**
Test Mnemonic: PR3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Serotonin (Igf1)**
Test Mnemonic: SERO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Serum Pregnancy, Qualitative**
Test Mnemonic: SP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Sesame Seed Rast**
Test Mnemonic: RSESAME
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: 5 mL gold top vacutainer
SPECIMEN REQUIRED: 2 mL blood PER 5 allergens requested
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 6 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

COMMENTS: ALLERGEN (RAST) TESTING FORM must be completed indicating specific allergens requested by physician. Form should be signed by physician and placed as part of patient's chart.
FOR MULTIPLE RAST TESTS, NO MORE THAN 3 TUBES SHOULD BE DRAWN.

Test Name: **Sex Hormone Binding Globulin**
Test Mnemonic: SHBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Sheep Sorrel Rast**
Test Mnemonic: RSHS
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Shoxdna Profile Esoterix**
Test Mnemonic: SHOXDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: Purple top vacutainer
SPECIMEN REQUIRED: 2-4 ML
MINIMUM SPECIMEN REQUIREMENT: 2ml Minimum
LIMITATION TO PROCEDURE: No Bullet Tubes
Spec Storage/Transport Requirement: Room Temp, Send out: YES
Patient Prep: None
TESTING DAYS: Mon thru Fri
TESTING HOURS: 24hrs
TURN-AROUND-TIME: 1-3 Weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: 41300
Lab Processing Instructions: Whole blood Specimen********

Test Name: **Shrimp Rast**
Test Mnemonic: RSHR
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Shwachman-Diamond Syndrome**
Test Mnemonic: SDSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-12 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Sickle Screen**
Test Mnemonic: SS
Department: BBK - Bb Additional Testing

COLLECTION INSTRUCTIONS:

Limitation to Procedure: **Not performed on children less than 6 months of age. Electrophoresis recommended for those children when sickle cell disease or trait is suspected**
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 1 ml Blood /0.25 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hours
Lab Section/Phone Extension: Blood Bank/1314

Comments: May be performed from CBC specimen.

Test Name: **Signature Chip Microarray**
Test Mnemonic: SCM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: PURPLE TOP & GREEN TOP VACUTAINER
Volume Required: 3.0 ML IN PURPLE AND 3.0 ML IN GREEN

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Extension: SEND OUTS 4-1300

Test Name: **Single Site Colaris For Apc**
Test Mnemonic: APC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Sirolimus (Rapamycin)**
Test Mnemonic: SIRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Patient Preparation:
Limitation to Procedure:
Specimen Container: Purple Top Vacutainer
Volume Required: 4 ml Whole Blood/2 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section /Phone Extension: Chem/1310
**Lab Processing Instructions: WHOLE BLOOD DO NOT SPIN

Test Name: **Sma Eval Complete Reflexive**
Test Mnemonic: SMA RELEX
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Smear Review**
Test Mnemonic: SMREV
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or 1.0 ml in vacutainer. *See "Minimum Acceptable Volume per Tube Type".
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Smith-Lemli-Opitz Seq**
Test Mnemonic: DHCR7 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Smith-Magenis Syndrome Fish**
Test Mnemonic: SMSF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: GREEN TOP VACUTAINER
SPECIMEN REQUIRED: 3.0ML blood
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24 HR/DAY

TURN-AROUND-TIME: 3-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUT 4-1300

Test Name: **Sodium**
Test Mnemonic: NA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Soluble Il-2-R**
Test Mnemonic: IL2R
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
COLLECT ONLY MON-THURS,BEFORE 2PM
DO NOT DRAW ON FRI-SUN
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3.0ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Sotos Syndrome**
Test Mnemonic: NSD1SOTOS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Soy Rast**
Test Mnemonic: RSOY
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Spinal Muscle Atrophy Carrier**
Test Mnemonic: SMACAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Spinal Muscular Atrophy**
Test Mnemonic: SMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Spontaneous Aggregation**
Test Mnemonic: SPAP
Department: LAB - Coagulation

Test Name: **Spun Hematocrit**
Test Mnemonic: SPHCT
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:
Specimen Container: heparinized hematocrit capillary tubes
Volume Required: 3 heparinized hematocrit capillary tubes at least 2/3 full; collect at clear end and seal with clay at colored end.
Specimen Transport: Place capillary tubes in screw cap glass tube or red vacutainer with patient label on outside of tube. Send via Tube System.
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **Sry Analysis Fish Test**
Test Mnemonic: SRY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: GREEN TOP VACUTAINER
SPECIMEN REQUIRED: 3.0ML blood
SEND OUT: Yes
TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 3-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUT 4-1300

Test Name: **Ss-A/Ro Igg Antibody**
Test Mnemonic: SSA
Department: LAB - Referred Serology

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE
LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **Ss-B/La Igg Antibody**
Test Mnemonic: SSB
Department: LAB - Referred Serology

SPECIMEN REQUIRED: 2 ML BLOOD (1 ML SERUM) - GOLD SST
MINIMUM SPECIMEN REQUIRED: 1 ML BLOOD (0.5 ML SERUM)
SPEC STORAGE/TRANSPORT REQUIREMENTS: LAB WILL REFRIGERATE

LIMITATION TO PROCEDURE:
SEND OUT: ANA LAB, UNIVERSITY OF MISSOURI, COLUMBIA
TESTING DAYS: MON-SAT
TESTING HOURS: 24 HRS/DAY
TURN-AROUND-TIME: 3-5 DAYS
TRANSPORTABLE THROUGH TUBE SYSTEM: YES
LAB TESTING SECTION/PHONE EXTENSION: SEROLOGY/1870

Test Name: **Stickler Syn Type 1 Del/Dup**
Test Mnemonic: SS TYPE1 DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syn Type 1 Seq**
Test Mnemonic: SS TYPE 1 SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syn Type 1&2 Seq**
Test Mnemonic: SS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syndrome Type 1 & 2**
Test Mnemonic: STICK12
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stickler Syndrome Type 3**
Test Mnemonic: STICK3
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Stool Alpha-1-Antitrypsin**
Test Mnemonic: FA1A
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
Limitation to Procedure: If clearance is ordered, order "CA1A" instead
Specimen Container: Sterile cup
Volume Required: 5-10 grams stool
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent Out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Microbiology, 1871

Test Name: **Stool Blood**
Test Mnemonic: SBLD
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:
Specimen Container:Occult Blood Card/ Non-sterile urine container
Volume Required: Occult Blood Card/0.5 gm stool
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Stool Blood, Multiple Tests**
Test Mnemonic: SBLDMUL
Department: LAB - Fecal Analysis

Test Name: **Stool Calprotectin**
Test Mnemonic: CALPRO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure:
Specimen Container: STERILE CUP

Volume Required: 2O GRAMS OF STOOL
Specimen Transport: Room Temperature
Testing Days/Hours: DAILY

Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Stool Carbohydrate**
Test Mnemonic: FC
Department: LAB - Gastroenterology Lab

Test Name: **Stool Chloride**
Test Mnemonic: STLCL
Department: LAB - Chemistry Stools

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be in liquid form.
Specimen Container: Non-sterile cup
Volume Required: 1 gm stool
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,
7 days/week; may be collected 24
hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Clostridium Diff Toxin**
Test Mnemonic: CDIFF
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINER: Sterile cup
SPECIMEN REQUIRED: 1 cc liquid/soft or 5 mm sample formed stool
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Send to lab ASAP!
SEND OUT: No
TESTING DAYS: Performed ONLY on Monday, Wednesday, and Friday!!
TURN-AROUND-TIME: 48 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Stool Culture-Routine**
Test Mnemonic: SCG
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. This culture includes Campylobacter, Shigella, Salmonella, Aeromonas, Plesiomonas, and shiga toxin producing E. coli. All other pathogens must be ordered additionally. This test is not performed if patient has been hospitalized greater than 3 days (if requested, contact the Microbiology Laboratory).

Does patient have guaiac positive or history of bloody diarrhea?
_____yes_____no

Specimen Container: Stool in sterile cup, or 2 well inoculated Amies clear gel swabs/culturettes (BLUE) AND 1 well inoculated liquid swab/culturette (WHITE)
Specimen Transport: Send via Tube system, ASAP, assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 24 hours; Final 4 days
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Stool Fecal Fat Qualitative**
Test Mnemonic: FFQUAL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NO PREPARATION NECESSARY, UNLESS DIRECTED BY THE DOCTOR
Limitation to Procedure: NONE
Specimen Container: STERILE SCREW CAP CUP
Volume Required: EQUIVALENT TO 1 TABLESPOON FULL IN MEASURING OF THE AMOUNT OF STOOL NEEDED
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: DAILY
Turn Around Time: 3-5 DAYS (SENT TO ARUP LABS - SALT LAKE CITY, UTAH)

Lab Section/Phone Extension: 4-1300
Comments:

Test Name: **Stool Fecal Fat, 72 Hr**
Test Mnemonic: FF
Department: LAB - Send Out Test

1. Notify Nutritional Services of time study is to begin.
2. A 2 gram charcoal marker is to be given at least 1 hr after meal, and not be given within 1/2 hr of next meal; must be ingested all at once. An N/G may be required....
3. Record the time the marker was given and the time it first appears in stool. Begin calorie count when marker is given.
4. Collect the first stool with the marker and begin collection.Pre-weighed containers for storing stools are obtained in the lab.The container must be kept in a freezer or on ice.
5. To obtain stools, rever diaper to avoid stool soaking into the diaper. On males, place a 24 hr urine bag to aid in collection.
6. Another charcoal marker is to be given 72 hrs after first one.
7. When second marker passes, discard the stool; collection period has ended. Send stool container to lab ASAP.

Test Name: **Stool Fecal Fat, 72 Hr**
Test Mnemonic: FF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Special container (obtain from Lab)
Volume Required: 72 Hr. stool collection/48 Hr. stool collection minimum
Specimen Transport: Do NOT Send via Tube System!
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Stool Helicobacter Pylori Ag**
Test Mnemonic: HPYLAG
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
PATIENT PREP: Stool collection
SPECIMEN CONTAINER: STERILE CUP
SPECIMEN REQUIRED: 1GM of stool, Minimum Required: 1GM of stool
SPEC STORAGE/TRANSPORT REQUIREMENTS: ROOM TEMP
SEND OUT: YES
TESTING DAYS: MON - FRI; TESTING HOURS 24
TURN AROUND: 3-5 DAYS
TRANSPORT VIA TUBE SYSTEM: YES
LAB TESTING SECTION/PH: 41300
REFLEX TESTS ASSOCIATED WITH THIS TEST: NO

Test Name: **Stool Osmolality**
Test Mnemonic: SOSM
Department: LAB - Chemistry Fluids

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be liquid
Specimen Container: Non-sterile container
Volume Required: 1 ml stool/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Ph, Body Fluid**
Test Mnemonic: SPH
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 0.5 gm stool/0.2 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Potassium**
Test Mnemonic: SK
Department: LAB - Chemistry Stools

Container: Non-sterile cup
Volume: 1 gm stool
Special Instructions:

Test Name: **Stool Reducing Substances**
Test Mnemonic: SRS
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 1 gm stool/0.5 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Rotavirus Antigen**

Test Mnemonic: ROTA
Department: LAB - Virology

Container: White swab
Volume: Stool must be visible on swab.
Special Instructions: Resulted on Mon, Wed, and Fri only.

Test Name: **Stool Sodium**
Test Mnemonic: SNA
Department: LAB - Chemistry Stools

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Stool must be liquid
Specimen Container: Non-sterile container
Volume Required: 1 ml stool/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Sucrose**
Test Mnemonic: SSUC
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 1 gm stool/0.5 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool Wbc, Smear**
Test Mnemonic: SWBC
Department: LAB - Fecal Analysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 0.5 gm stool/0.2 gm minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Stool, Trypsin**
Test Mnemonic: STRY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: STERILE CONTAINER
Volume Required: 5GMS STOOL (3GMS MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Strawberry Rast**
Test Mnemonic: RSTRAW
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Strep Antigen (Reflex)**
Test Mnemonic: SA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
** 2 SWABS ARE REQUIRED**. If antigen test is negative, culture will be performed.

Specimen Container: Dual liquid Stuart's swabs/culturette (RED)
Volume Required: as above
Specimen Transport: Sent via tube system, ASAP, assure container is tightly sealed with no external contamination.
Testing days/hours: Testing performed 7 days/wk; 24 hrs/day
Turn around time: Antigen - 30 min,
Culture - Prelim 24 hours; final 48 hours
Lab section/phone extension: Microbiology/41871

Test Name: **Strep Culture**
Test Mnemonic: RSS
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Amies clear gel swab/culturette (BLUE)
for CULTURE ONLY. If both culture and antigen
are to be done, use dual liquid Stuart's swab/
culturette (RED)
Volume Required: See above
Specimen Transport: Send via tube system, ASAP, assure container is
tightly sealed w/no external contamination.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be
collected 24 hr/day
Turn around time: Prelim 24 hrs; Final 48 hrs
Lab Section/phone ext: Microbiology/41871

Test Name: **Streptococcus Pneumo Pcr**
Test Mnemonic: STREPPCR
Department: LAB - Molecular Biology

Test Name: **Streptozyme**
Test Mnemonic: STREP
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold or purple top vacutainer
SPECIMEN REQUIRED: 2 mL blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Mondays, Wednesdays, and Fridays but may be collected
7 days/week
TESTING HOURS: 7a.m. - 3p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1630

Test Name: **Succinyl-Coa Ligase Beta**
Test Mnemonic: SUCLA2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant B Prot Defiiency**
Test Mnemonic: SURBPRDEF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant Protein B Def**
Test Mnemonic: SFTPB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant Protein C Def**
Test Mnemonic: SFTPC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surfactant Protein C Defficent**
Test Mnemonic: SURCPRDEF
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER

Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Surveillance Culture Mdro**
Test Mnemonic: SURV MDRO
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer
in Nursing Division Info Cabinet for proper collection
procedures appropriate for specimen type.
Specimen Container: Fluid - sterile cup or tube
non-Fluid - well inoculated swab/culturette (blue)
Volume Required: Fluid as available or culturette
Specimen Transport: Send via Tube System, assure container is
tightly sealed with no external contamination.
Testing Days/Hours: Testing performed 7 days/week: 24 hours/day
Turn around Time: Preliminary 24 hours, Final 48 - 72 hours
Lab Section/Phone Extension: Microbioology/41871

Test Name: **Surveillance Culture Mrsa**
Test Mnemonic: SURV MRSA
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer
in Nursing Division Info Cabinet for proper collection
procedures appropriate for specimen type.
Specimen Container: Fluid - sterile cup or tube
non-Fluid - well inoculated swab/culturette (blue)
Volume Required: Fluid as available or culturette
Specimen Transport: Send via Tube System, assure container is
tightly sealed with no external contamination.
Testing Days/Hours: Testing performed 7 days/week: 24 hours/day
Turn around Time: Preliminary 24 hours, Final 48 - 72 hours
Lab Section/Phone Extension: Microbioology/41871

Test Name: **Surveillance Mrsa Pcr**
Test Mnemonic: SURVMRSAPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: Mini tip NP swab must NOT touch skin or
other contaminating surfaces.
SPECIMEN CONTAINER: Place NP swab in original rigid sleeve &
transport to lab.
VOLUME REQ: 1 NP swab
SPECIMEN TRANSPORT: Room Temp
TESTING DAYS/HOURS: 24/7
TURN AROUND: 24 HOURS
Lab Section/Ph: MDI/44242
**Lab Processing Instructions: Place in Molecular Box

Test Name: **Sweat Chloride Test**
Test Mnemonic: SWCL

Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: 0.0750 gms of sweat
Specimen Container: Special preweighed container - obtain from lab
Volume Required: 0.0750 gms sweat minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Lab Testing performed Mon-Fri 0700-1700; may be collected by appointment only in Pulmonary Lab Mon-Fri 0800-1530.
Turn Around Time: 1 Hr
Lab Section/Phone Extension: Chem/1310

Test Name: **T3 Percent Uptake**
Test Mnemonic: T3UP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD or GREEN TOP VACUTAINER
Volume Required: 3.0 ML
Specimen Transport: TUBE SYSTEM/COURIER AT ROOM TEMP
Testing Days/Hours: SUN-SAT, DAILY
Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: NONE

**Lab Processing Instructions: NONE

Test Name: **Tacrolimus**
Test Mnemonic: FK506
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Purple Top Vacutainer or Purple Top Microtainer
Volume Required: 4 ml blood/2 ml minimum
See "Minimum Acceptable Volume per Tube Type" below
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-2200; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4-8 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Tb Quantiferon/Igg Aby**
Test Mnemonic: MTBQUANTIFERON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: CELLESTIS QUANTIFERON-TB GOLD COLLECTION TUBES
CALL LAB TO OBTAIN TUBES

Volume Required: 1ML BLOOD IN EACH OF THE THREE COLLECTION TUBES
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES,THURS,SAT
Turn Around Time: 2-9 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: IMMEDIATELY FOLLOWING COLLECTION, EACH SPECIMEN TUBE MUST BE MIXED VIGOROUSLY BY SHAKING THE TUBE UP AND DOWN 10 TIMES TO ENSURE THAT THE ENTIRE INNER SURFACE OF THE TUBE HAS BEEN COATED WITH BLOOD

**Lab Processing Instructions: DO NOT SPIN UPON RECEIPT- CONSULT LAB PROCESSING INSTRUCTIONS IN TEST DICTIONARY MUST BE PROCESED CAREFULLY - GIVE TO SUPERVISOR IF QUESTIONS ARISE

Test Name: **Tegretol (Carbamazepine)**
Test Mnemonic: TEG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Testicular Function Group**
Test Mnemonic: TFG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 6ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-SAT
Turn Around Time: 2-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Testosterone Free Serum**
Test Mnemonic: FTST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER (MULTIPLE TUBES NEEDED)
Volume Required: 6ML BLOOD (4ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 3-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Testosterone, Total Serum**
Test Mnemonic: TST
Department: LAB - Send Out Test

OLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Tetanus Antibody**
Test Mnemonic: TET
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 3 cc blood
MINIMUM SPECIMEN REQUIREMENT: 1 cc blood
SEND OUT: No
TESTING DAYS: Monthly but may be collected 7 days/week
TESTING HOURS: 8a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 30 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunologyy/Extension 1804
COMMENTS: Note whether pre immunization or random.

Test Name: **Tetrahydroaldosterone**
Test Mnemonic: TETHYALDO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE 24 HOUR URINE COLLECTION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A
Specimen Transport: COURIER - DO NOT SEND THROUGH TUBE SYSTEM
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT START AND STOP TIMES ON REQUISITION

**Lab Processing Instructions:

Test Name: **Theophylline Level**

Test Mnemonic: THEO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Thiocyanate**
Test Mnemonic: THIOCY
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Thiopurine Metabolites**
Test Mnemonic: 6TGN-6MMPN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure:
Specimen Container: PURPLE TOP VAC
Volume Required: 4 ml blood
SEND OUT: YES
Specimen Transport: VIA TUBE SYSTEM
Testing Days/Hours:

Turn Around Time: 3-5 DAYS
Lab Section/Phone Extension: Chem/1300

Test Name: **Thrombin Time**
Test Mnemonic: TT
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Top Vacutainer
Volume Required: 1.8 ml in 2.0 ml Vacutainer (correct specimen

volume is crucial; tube must be filled according to BD Vacutainer Plastic Citrate Tube Draw Volume Guide, available from the Laboratory. Filling the tube to just below the blue arrow in the top center of the label will provide acceptable volume).
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Send out test; may be collected 24 hours/day, 7 days/week
Turn Around Time: 24 hours
Lab Section/Phone Extension: Hematology/1313

**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Thymidine Kinase Tk2 Seq**
Test Mnemonic: TK2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Thyroglobulin**
Test Mnemonic: THYG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Thyroglobulin Antibody**
Test Mnemonic: THYRO
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: GOLD VACUTAINER
Volume Required: 3.0 mL BLOOD
Specimen Transport: TUBE SYSTEM

Testing Days/Hours:M-F 0700-2300
Turn Around Time: 1-3 DAY
Lab Section/Phone Ext:41300
Comments:

**Lab Processing Instructions:

Test Name: **Thyroid Antibodies**
Test Mnemonic: ATA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/3 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 Days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Thyroid Stimulating Hormone**
Test Mnemonic: TSH
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Thyroid Stimulating Immunoglob**
Test Mnemonic: TSI
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: NO PLASMA ACCEPTED (GREEN TOPS!!)
Specimen Container: 1-4ml Gold Top Vacutainer
Volume Required: 2 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Thyroxine (T4)**
Test Mnemonic: T4
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Thyroxine-Binding Globulin**
Test Mnemonic: TBG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Timothy Rast**
Test Mnemonic: RTIM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Tissue Pc/Pepck Assays**
Test Mnemonic: P/PT
Department: LAB - Metabolic Lab Send Out

Test Name: **Tissue Pyr Dehyd Complex**
Test Mnemonic: PDHT
Department: LAB - Metabolic Lab Send Out

Test Name: **Tissue Transglutaminase Ab Iga**
Test Mnemonic: TTGIGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tissue Transglutaminase Ab Igg**
Test Mnemonic: TTGIGG
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 7-10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tnfrsf13b To Correlagen Diag**
Test Mnemonic: TNFRSF13B
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 8ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-4 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tobramycin Level, Peak**
Test Mnemonic: PKTOBR

Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:
Patient Preparation: Peak specimen should be collected 30 minutes after IV dose and 1 hour after IM dose.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

##
Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

##

Test Name: **Tobramycin Level, Random**
Test Mnemonic: TOBR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Tobramycin Level, Trough**
Test Mnemonic: TTOBR
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Patient Preparation: Draw blood immediately before next dose.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day,

7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

##

EXACT time specimen collected:_____

##

Test Name: **Tomato Rast**
Test Mnemonic: RTOM
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Topiramate**
Test Mnemonic: TOPIR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Total Bilirubin**
Test Mnemonic: TBIL
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum;
Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Total Protein**
Test Mnemonic: TP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Total Serum Iga**
Test Mnemonic: SERUMIGA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 1-3 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments: THIS IS PART OF THE CELIAC DISEASE SEROLOGY TEST

**Lab Processing Instructions:

Test Name: **Total T3**
Test Mnemonic: T3R
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

CONTAINERS: Gold Top Vacutainer
SPECIMEN REQUIRED: 3.0 mL blood
MINIMUM SPECIMEN REQUIREMENT: 2.0 mL blood
SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 3 - 4 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Test Name: **Townes-Brocks Syndrome**

Test Mnemonic: TBS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Toxocara, Helminth Nes**
Test Mnemonic: TOXOC
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2.0 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Deliver to Lab promptly so that specimen may be frozen for shipping!
SEND OUT: Yes
TESTING DAYS: Tuesday and Friday but may be collected 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: 5 - 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serologyy/Extension 1870

Test Name: **Toxoplasma Igg Antibody**
Test Mnemonic: TOXOIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension:Virology/1630
**Lab Processing Instructions:Freeze at -20C

Test Name: **Toxoplasma Igm**
Test Mnemonic: TOXM
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 1 ml blood
MINIMUM SPECIMEN REQUIREMENT: As above
LIMITATION TO PROCEDURE: Recent transfusion or immune globulin administration can cause erroneous results.

Results from NEONATES should be
interpreted with CAUTION.
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Specimen must be received
in Lab by 7a.m. on Tuesday.
SEND OUT: Yes
TESTING DAYS: Tuesday but may be collected 7 days/week
TESTING HOURS: 8a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 1 - 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Toxoplasma Infant Panel (So)**
Test Mnemonic: TOXOINSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NOT FOR PATIENTS OVER 6MOS OF AGE
FOR PATIENTS OVER 6MOS - ORDER TOXOPLASMA PANEL
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Toxoplasma Panel (Send Out)**
Test Mnemonic: TOXOSO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NOT FOR CHILDREN UNDER 6MOS
UNDER 6MOS - ORDER INFANT PANEL
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tpmt Enzyme**
Test Mnemonic: TPMTENZ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tpmt Genetics**
Test Mnemonic: TPMTGEN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION: None
LIMITATION TO PROCEDURE: NO BULLET TUBES
SPECIMEN CONTAINER: PURPLE TOP VACUTAINER
VOLUME REQUIRED: 4.0ML, Minimum Required 2ml
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT, Mon-Fri, 24 hr testing.
TURN AROUND TIME: 3-5 DAYS, DEPENDING ON THE DAY OF COLLECTION
LAB SECTION/PHONE: SEND-OUTS 4-1300
COMMENTS:

**LAB PROCESSING INSTURCTIONS: Whole blood Specimen

Test Name: **Transferrin**
Test Mnemonic: TRANS
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
CONTAINERS: Green Top Vacutainer
SPECIMEN REQUIRED: 1.5 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: No
TESTING DAYS: Monday and Thursday but may be collected 7 days/week
TESTING HOURS: 11a.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 2 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Special Immunology/Extension 1804

Test Name: **Transfusion Reaction Workup**
Test Mnemonic: TRX
Department: BBK - Blood Bank

STOP TRANSFUSION - KEEP IV PATENT WITH SALINE - CALL BLOOD BANK
COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220
along with the requisition
Phone Ext Blood Bank: 41314

PRINT THE TRANSFUSION REACTION EVALUATION FORM FROM THE DASHBOARD
Blood Transfusion - Transfusion Evaluation

*****FOR BLOOD BANK USE ONLY*****

HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Transketolase**
Test Mnemonic: TKETO
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NO COLLECTION ON FRIDAYS
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3.0ML
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Extension: REFERRAL DEPARTMENT 4-1300
Comments: HEMATOCRIT RESULT NEEDED WITH TEST.
ORDER HCT AND SEND PURPLE TOP FOR HCT.

**Lab Processing Instructions: DO NOT SPIN!!!!

Test Name: **Treacher Collins Syndrome**
Test Mnemonic: TCSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Treponema Pallidum Ab**
Test Mnemonic: TP-PA
Department: LAB - Referred Serology

Test Name: **Trichinella Antibody Titer**
Test Mnemonic: TRICHT
Department: LAB - Referred Serology

OLLECTION INSTRUCTIONS:
CONTAINERS: Gold top vacutainer
SPECIMEN REQUIRED: 2 cc blood
MINIMUM SPECIMEN REQUIREMENT: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: 7 - 10 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Serology/Extension 1870

Test Name: **Trichomonas Pcr**
Test Mnemonic: TRICHPCR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:
Pt Prep: Pt should not have voided within 1 hr for use with Aptima Urine collection kit. Specimen should be first catch (dirty) urine.
Limitation to Procedure: Aptima transport tube
Vol Required: 1 Aptima mini swab or 2ml first catch (dirty) urine.
Specimen Transport: Routine
Testing Days/hours: Tuesday/Thursday
Turn Around Time: 24 - 72 hours
Lab Section/Phone Extension: MDI ext 44242
COMMENTS:
LAB Processing Inst. Plcase call MDI if not in APTIMA trans tube!

Test Name: **Trichomonas Wetprep/Culture Gr**
Test Mnemonic: TRICH
Department: MIC - Parasitology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen: Non-Urine (preferred specimen): InPouch TV bag, (obtain from Microbiology Laboratory)
Urine: 15 mL in sterile cup.
Volume Required: see Trichmonas collection procedure, call Microbiology Lab at 41872
Specimen Transort: DO NOT Send via tube system, transport ASAP.
Limitation to Procedure: Use cotton swab only; InPouch must be inoculated at bedside for vaginal/urethral specimens.
Testing days/hrs: Testing performed 7 days/wk, 24 hrs/day
Turn around time: Wet prep - 30 minutes, Culture - prelim 24 hrs, final 5 days.
Lab Section/Ph ext: Microbiology/41872

Test Name: **Tricyclic Antidepressant Scr**
Test Mnemonic: TCA
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Limitation to Procedure:
Specimen Container: Green and Gold Vacutainer

Volume Required: 2 ml blood/1 ml minimum;
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs

Test Name: **Triglyceride**
Test Mnemonic: TRIG
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Trimethadione (Tridione)**
Test Mnemonic: TRIMETH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Troponin I**
Test Mnemonic: TROP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:
Specimen Container: Green Top Vacutainer
Volume Required: 3 ml blood/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 8 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Tryptase, Serum**
Test Mnemonic: TRYPT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 4ml Gold Top Vacutainer
Volume Required: 2 ml Blood (1ml Serum)
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Tsc2 Dna Deletion Test**
Test Mnemonic: TSC2DELETION
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 6ML BLOOD (4ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Tularemia Screen**
Test Mnemonic: TULS
Department: LAB - Serology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 3.0 mL Whole blood; 1.0 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Mon - Wed - Fri; may be collected 24 hours/day, 7 days/week.
Turn around time: 24 - 72 hours
Lab Section/Phone Extension: Virology/1630
Comments: Titer automatically ordered with positive result

Test Name: **Tumor Fish**
Test Mnemonic: TMFISH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: SPECIAL TISSUE MEDIA (OBTAIN FROM LAB)
Volume Required: N/A
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 2-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Turkey Meat Rast**
Test Mnemonic: RTURKEY
Department: LAB - Special Immunology

Test Name: **Type & Screen/<4 Months Old**
Test Mnemonic: TS-N
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Type & Screen/>=4 Months Old**
Test Mnemonic: TS-NN
Department: BBK - Blood Bank

COLLECTION INSTRUCTIONS:
Specimen Required: 4.0 ml PURPLE TOP VACUTAINER TUBE
Label MUST include patient name, medical record number, account number or emergency number, date and time of collection and the computer user mnemonic of the person collecting the specimen.
Minimum Volume Required: 2.0 ml PURPLE TOP VACUTAINER TUBE
Specimen Transport: Send via Tube System to Blood Bank Station 220 along with the requisition
Phone Ext Blood Bank: 41314

*****FOR BLOOD BANK USE ONLY*****
HISTORY CHECK

Collected by:_____Date/Time:_____

ABO & Rh:_____Marker(s):_____

Ab ID:_____Auto/Directed Available: Yes___ No___

Comment(s):_____

Tech:_____

Test Name: **Uams Flow Cytometry Sendout**
Test Mnemonic: UAMSFLOW
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Prep: Refer to phy's order. Specimen usually surgically collected
Limitation to Procedure: Immediate delivery to laboratory.
Specimen Container: Green top for bone marrows.
Histology media for solid tissues.
Vol Required: 2ml, Specimen Transport: RT
Testing Days/Hours: M-F (special off hours & weekend call available
through phy consult with UAMS pathologist on call
Turn Around Time: 24 hours
Lab Section /Ph Ext: Special Immunology or Sendouts: 41804/41300
Comments: This specimen requires immediate delivery to the clinical
lab for sendout to UAMS for flow cytometry.
**Lab Processing Inst: Call Brad for STAT pickup and call UAMS to
notify pending delivery**

Test Name: **Ube3a Sequencing At Unmc**
Test Mnemonic: UBE3ASEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Pt Preperation: None
Limitation to Procedure: No Bullet Tubes can be used.
SPEC STORAGE/TRANSPORT REQUIREMENTS: Room Temp
SPECIMEN REQUIRED: 2ml Purple Top Vac
REFLEX TESTS ASSO W/THIS TEST: NO
MINIMUM SPECIMEN REQUIREMENT: 2ml in Purple Top Vac
SEND OUT: Yes
TESTING DAYS: Monday - Friday, LAB PH #: 41300
TESTING HOURS: 24 hrs
TURN-AROUND-TIME: 4 - 8 weeks
TRANSPORTABLE VIA TUBE SYSTEM: Yes
******LAB PROCESSING INSTRUCTIONS: WHOLE BLOOD**********

Test Name: **Ubit H.Pyloric Breath Test**
Test Mnemonic: UBT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: SEE BREATH KIT INSTRUCTIONS
Limitation to Procedure: MUST USE COLLECTION KIT AND
INSTRUCTIONS FOLLOWED
Specimen Container: BREATH TECK UBIT KIT (OBTAINED FROM LAB)
Volume Required: SEE KIT INSTRUCTIONS
Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)

Testing Days/Hours: SUN-SAT
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Ultra Fsh, Serum**
Test Mnemonic: UFSH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: One 4ml Gold Top Vacutainer
Volume Required: Minimal 2ml
Specimen Transport: Tube system/courier
Transportable Thru Tube System: Yes
Testing Days/Hours: Monday thru Friday
Turn Around Time: 3 - 4 days
Lab Section/Phone ext: 41300
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE SERUM WITHIN ONE HOUR OF COLLECTION

Test Name: **Ultra Leutinizing Hormone**
Test Mnemonic: ULH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: One 4ml Gold Top Vacutainer
Volume Required: Minimal 2ml
Specimen Transport: Tube system/courier
Transportable Thru Tube System: Yes
Testing Days/Hours: Monday thru Friday
Turn Around Time: 3 - 4 days
Lab Section/Phone ext: 41300
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
SPIN, SEPARATE, AND FREEZE SERUM WITHIN ONE HOUR OF COLLECTION

Test Name: **Ureaplasma/Mycoplasma Culture**
Test Mnemonic: URPL
Department: LAB - Referred Serology

COLLECTION INSTRUCTIONS

SPECIMEN REQUIRED: CSF, Urethral/Cervical Swab,Urine, Biopsy
Tissue, or Body Fluids (aspirates and tracheas)
LIMITATION TO PROCEDURE: Cannot be performed on blood specimens.
SEND OUT: YES
TESTING DAYS: Monday through Saturday
TESTING HOURS: 24 hrs/Day
TURN-AROUND-TIME: 5-7 days
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB TESTING SECTION/PHONE EXT.: 4-1870

Test Name: **Uric Acid**
Test Mnemonic: URIC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urinalysis (Ua)**
Test Mnemonic: UA
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Please refrigerate urine specimen if not sent within 15 minutes. Transport to lab within 1 hour of collection.
Specimen Container: Non-sterile container
Volume Required: 10 ml urine/2 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: **Urine 1/2 Cyst(E)Ine**
Test Mnemonic: U/CYS
Department: LAB - Metabolic Lab - Urine/Stool

Container: Non-sterile cup or tube, or 24 hr. urine.
Volume: Minimum 2 cc urine.
Special Instructions: Place on ice; for 24 hr urine indicate Date/Time Start & End of collection

Test Name: **Urine 17 Hyroxycorticosteroids**
Test Mnemonic: 17OHC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Keep refrigerated during collection
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml urine from a 24 Hr urine/8 ml minimum
Specimen Transport: Do Not Send via Tube System
Testing Days/Hours: Sent Out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 Days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine 17 Ketosteroids, 24 Hr**

Test Mnemonic: 17KET
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 24 Hr Urine Container
Volume Required: 20 ml aliquot of 24 Hr Ur/10 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine 24h Heavy Metal Quant**
Test Mnemonic: HMQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Keep refrigerated during collection Specimen Container: RANDOM OR 24 HOUR URINE COLLECTION
RANDOM COLLECTION: COLLECT IN REGULAR URINE SPECIMEN CONTAINER AND SEND TO LAB VIA TUBE SYSTEM
24 HOUR URINE COLLECTION: OBTAIN 24 HOUR COLLECTION CONTAINER FROM LAB, COLLECT URINE FOR 24 HOURS, TRANSPORT TO LAB (CANNOT BE SENT VIA TUBE SYSTEM).
Volume Required: 5.0 ml min. for random
Specimen Transport: Refrigerated
Testing Days/Hours: Sun- Sat
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Urine Acylglycine Panel**
Test Mnemonic: AG
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
CONTAINER: Non-sterile cup or tube
SPECIMEN REQUIRED: 5 cc urine
MINIMUM SPECIMEN REQUIRED: As above
SEND OUT: Yes
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 7 am - 5 pm but may be collected 24 hours/day
TURN-AROUND TIME: 3 weeks
TRANSPORTABLE THROUGH TUBE SYSTEM: No
LAB TESTING SECTION/PHONE EXTENSION: Chemistry/Metabolic Diagnostic/ Extension 1311

Test Name: **Urine Aldosterone**
Test Mnemonic: ALDU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
CONTAINERS: 24 hour urine collection container with preservative; to be obtained in Lab
SPECIMEN REQUIRED: All urine collected during 24 hour period
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS:

SEND OUT: Yes
TESTING DAYS: 7 days/week
TESTING HOURS: 24 hours/day
TURN-AROUND-TIME: Within 5 days
TRANSPORTABLE VIA TUBE SYSTEM: No
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1310

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

Test Name: **Urine Amino Acid Individual**
Test Mnemonic: AAINDUR
Department: LAB - Metabolic Lab - Urine/Stool

Test Name: **Urine Amino Acids Profile**
Test Mnemonic: AAQUR
Department: LAB - Metabolic Lab - Urine/Stool

Container: Non-sterile cup or tube.
Volume: Minimum 2 cc urine.
Special Instructions: Transport to Lab on ice
Turn around time: 2 weeks
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST. PLACE 2ML URINE IN SCREW CAP CONTAINER AND FREEZE IMMEDIATELY. IF MULTIPLE TESTS ORDERED, MUST FREEZE MULTIPLE CONTAINERS.

Test Name: **Urine Amphetamine, Sgl Drug Cl**
Test Mnemonic: UAMP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Amylase**
Test Mnemonic: UAMY
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System if random urine.
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.

Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: **Urine Anabolic Steroid Screen**
Test Mnemonic: ANABOLSTER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation:
Limitation to Procedure:
Specimen Container: URINE COLLECTION CUP
Volume Required: 40ML URINE (10ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER (ON ICE IF PROLONGED TRANSPORT)
Testing Days/Hours: MON-FRI
Turn Around Time: 10 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: 24 HOUR SPECIMENS ALSO ACCEPTED
ANY POSITIVES ARE CONFIRMED
**Lab Processing Instructions:

Test Name: **Urine Barbiturates, Sgl Drg Cl**
Test Mnemonic: UBAR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine (10 ml urine needed for confirmation)
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Benzo, Sgl Drg Cl**
Test Mnemonic: UBEN
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Bile Acid Metabolites**
Test Mnemonic: BAM
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
Specimen Container: None sterile urine container
Volume Required: 10 ml urine
Specimen Transport: Send via tube system on ice. First place
specimen container(s) in an empty plastic bag

to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 weeks/Send Out
Lab Section/Phone Extension: Chemistry/Metabolics/1311

Test Name: **Urine Calcium**
Test Mnemonic: UCA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: **Urine Cannabinoids, Sgl Drg Cl**
Test Mnemonic: UCAN
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310
Comments: 10 ml urine needed for confirmation test

Test Name: **Urine Catecholamine Free/Fract**
Test Mnemonic: CATFR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CONTAINER OR 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 5ML RANDOM URINE OR 24 HOUR URINE COLLECTION
Specimen Transport: RANDOM URINE COLLECTION CAN BE SENT BY TUBES SYSTEM
DO NOT SEND 24 HOUR URINE COLLECTION BY TUBE SYSTEM
Testing Days/Hours: SUN-SAT
Turn Around Time: WITHIN 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: RECORD TOTAL VOLUME AND
HOURS OF COLLECTION IN A
SPECIMEN COMMENT AND ON
ALIQUOT LABELS.

Test Name: **Urine Catecholamines, Tot 24hr**
Test Mnemonic: CATT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Specimen Container: 24 Hr Urine Container
Volume Required: 24 Hr urine/10 ml minimum
Specimen Transport: Do not send via tube system
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 10-14 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Measure and record total volume

Test Name: **Urine Chlamydia Pcr**
Test Mnemonic: CHLAMPCRUR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

****GEN-PROBE APTIMA TRANSPORT TUBE ONLY!!!!****
(request tube from LAB)

IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATIION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.
Patient Preparation: Patient should not have urinated within 1 hour
for use with Aptima Urine collection kit.
Specimen should be 2ml first catch (dirty) urine in Aptima urine
tube or 1 endocervical/urethral swab in Aptima swab tube.

Limitation to Procedure: Aptima transport tube

Specimen Container: Gen-Probe APTIMA urine specimen transport tube
ONLY!
Volume Required: Place 2ml of urine collected into APTIMA tube using
supplied pipette to bring liquid level to between
bold black lines on transport tube.
Specimen Transport: RT
Days/Hours: MWF 8:00 am
Turn Around Time: 48 Hours
Lab Section/Phone Extension: MDI ext 44242

An on-line course for using the Aptima collection system is
available on the ACH training site under Lab General:
Course number 3407: Class: Aptima Unisex Swab and Urine Collection
for Chlamydia, Gonorrhoea, and Trichomonas PCR

Test Name: **Urine Chloride**
Test Mnemonic: UCL

Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Urine Citrate**
Test Mnemonic: UCIT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: Drugs causing alkalemia or acidemia will alter citrate excretion and should be avoided if possible.
Limitation to Procedure: Refrigerate during collection
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Cocaine, Sgl Drug Class**
Test Mnemonic: UCOC
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs.
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Copper, Quantitative**
Test Mnemonic: COPU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A

Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: INDICATE HOURS OF COLLECTION (START AND STOP TIME)
ON REQUISITION

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended by: _____

**Lab Processing Instructions: Measure and record total volume

Test Name: **Urine Copper, Quantitative**
Test Mnemonic: COPU
Department: LAB - Send Out Test

Test Name: **Urine Cortisol-Free**
Test Mnemonic: UCORT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: RANDOM OR 24 HOUR URINE COLLECTION
RANDOM COLLECTION: COLLECT IN REGULAR URINE
SPECIMEN CONTAINER AND SEND TO LAB VIA TUBE SYSTEM
24 HOUR URINE COLLECTION: OBTAIN 24 HOUR
COLLECTION CONTAINER FROM LAB, COLLECT URINE FOR 24 HOURS,
TRANSPORT TO LAB (CANNOT BE SENT VIA TUBE SYSTEM).
Volume Required: 5.0 ml min. for random
Specimen Transport: Refrigerated
Testing Days/Hours: Sun- Sat
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/4-1300

Test Name: **Urine Creatine**
Test Mnemonic: CRNU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: REFRIGERATE SPECIMEN DURING COLLECTION
Specimen Container: 24HR URINE COLLECTION CONTAINER
Volume Required: 20ML URINE (24HR COLLECTION)
Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT HOURS OF COLLECTION (START AND STOP TIME) ON
REQUISITION

**Lab Processing Instructions:

Test Name: **Urine Creatinine**
Test Mnemonic: UCR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container/24 Hr urine container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System if random urine
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310
Comments: 24 Hr. urine specimen may be collected.

Test Name: **Urine Creatinine Clearance**
Test Mnemonic: CCLR
Department: LAB - Chemistry Urines

Container: Special 24 hr. urine. Obtain in lab.
Special Instructions: Keep refrigerated.
Serum creatinine must be drawn once during the collection.

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: **Urine Culture**
Test Mnemonic: UCR
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS: See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.
Specimen Container: Sterile cup or tube
Volume Required; 1-50 mL (0.5 mL minimum)
Specimen Transport: Send via tube system, ASAP, if transport is delayed, specimen must be stored and sent on ice; assure container is tightly sealed with no external spillage.
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day.
Turn around time: Clean catch and bag specimen - Prelim 24 hrs, final 48 hours;
Cath specimen - Final 48 hours
Lab Section/Phone Extension: Microbiology/41871

Test Name: **Urine Delta Aminolevulinic Ac**
Test Mnemonic: ALA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Protect from light. Specimen Container:
24 Hr Urine Container
Volume Required: 24 Hr urine/5 ml minimum
Specimen Transport: Do not send via tube system
Testing Days/Hours: Sent out; may be collected 24 hours/day,
7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions: Measure and record total volume

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: **Urine Dipstick**
Test Mnemonic: UADIP
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab within 1 Hr of collection
Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: **Urine Ferric Chloride Screen**
Test Mnemonic: FECL3
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:
CONTAINERS: Non-sterile cup or tube
SPECIMEN REQUIRED: 2 cc urine
MINIMUM SPECIMEN REQUIREMENT: As above
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to Lab on ice!!
SEND OUT: No
TESTING DAYS: Started on Thursday but may be collected 7 days/week
TESTING HOURS: May be collected 24 hours/day
TURN-AROUND-TIME: Within 7 days
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolic Diagnostic Lab/Extension 1311

Test Name: **Urine Galactitol**
Test Mnemonic: GTOL
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile tube
Volume Required: 10 ml urine/5 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 14 days
Lab Section/Phone Extension: Chem/MDL 1311

Test Name: **Urine Glucose**
Test Mnemonic: UGLU
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Heavy Metal**
Test Mnemonic: UHMS
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Urine Tube
Volume Required: 15 ml urine/12 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing done daily/ may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 8 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Hemosiderin**
Test Mnemonic: HEMO
Department: LAB - Urinalysis

Container: Non-sterile cup or tube.
Volume: 10 cc urine.
Special Instructions:

Test Name: **Urine Histamine**
Test Mnemonic: HIST
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Tube or 24 HR Urine Container
Volume Required: 10 ml urine/5 ml minimum
Specimen Transport: Random specimen may be sent via Tube System/24 Hr urine may not be sent via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5 - 7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Homocystine/Cystine Scr**
Test Mnemonic: HCYS/CYS
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Tube
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL 1311

Test Name: **Urine Homovanillic Acid 24hour**
Test Mnemonic: HVA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS PRIOR TO COLLECTION
LEVODOPA INTERFERES WITH PROCEDURE,DISCONTINUE AT LEAST 2 WEEKS BEFORE COLLECTION.
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:
RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: **Urine Homovanillic Acid Random**
Test Mnemonic: HVA

Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
LEVODOPA INTERFERES WITH PROCEDURE,DISCONTINUE AT LEAST 2 WEEKS BEFORE COLLECTION.
Specimen Container: URINE COLLECTION CUP
Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Inborn Error Screen Qt**
Test Mnemonic: IESQ
Department: LAB - Metabolic Lab - Urine/Stool

Container: Non-sterile cup or tube.
Volume: Minimum 5 cc urine.
Special Instructions: Place on ice; transport to lab immediately!
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
Place urine in TWO separate screw cap containers and freeze immediately.

Test Name: **Urine Keto Acid Screen**
Test Mnemonic: KETOACSC
Department: LAB - Metabolic Lab - Urine/Stool

Container: Non-sterile cup or tube.
Volume: Minimum 3 cc urine.
Special Instructions: Place on ice.
Requires three days to result.

Test Name: **Urine Ketones**
Test Mnemonic: UKET
Department: LAB - Urinalysis

Container: Non-sterile cup or tube.
Volume: 1 cc urine.
Special Instructions:

Test Name: **Urine Legionella Pneumo Agn**
Test Mnemonic: LEGAGUR
Department: LAB - Referred Serology

Patient Preparation: Routine random urine sample.
Limitation to Procedure: Specimens in preservatives unacceptable.
Specimen Container: Sterile container.
Volume Required: 5 mL, 1 mL minimum
Specimen Transport: Is transportable in tube system. Refrigerate.
Testing Days/Hours: SUN-SAT

Turn Around Time: 24 hours from receipt by reference lab
Lab Section/Phone Ext: Microbiology/ 41871
Comments:
**Lab Processing Instructions: Send out to ARUP, test # 70322

Test Name: **Urine Magnesium**
Test Mnemonic: UMG
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 ml Urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Mercury**
Test Mnemonic: UMER
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 5ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Metanephrines, Total**
Test Mnemonic: METP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: 24 Hr Urine Container
Volume Required: 20 ml of well mixed 24 Hr Urine/10 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Methyl Malonic Acid**
Test Mnemonic: UMMASC
Department: LAB - Metabolic Lab - Urine/Stool

Test Name: **Urine Microalbumin, 24 Hr**
Test Mnemonic: MA24HR
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml urine/5 ml minimum from a timed 10 Hr overnight or 24 Hr urine collection.
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

TIME & DATE BEGAN: _____

TIME & DATE ENDED: _____

Test Name: **Urine Microalbumin, Random**
Test Mnemonic: MA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:
Specimen Container: NSU container
Volume Required: 2 mL urine/1 mL minimum
Specimen Transport: Via tube system
Testing Days/Hours: Maybe collected 24 hours a day 7 days a week
Turn Around Time: 2-4 hours
Lab Section/Phone Extension: Clinical Lab/41300

Lab Collection Instructions:
SPECIMEN REQUIRED: 2 ML URINE, min req'd: 1ML.
TESTING DAYS/HR: 24/7, TURN AROUND: 2-4 HRS. TRANS VIA TUBE SYS: YES
LAB TESTING SEC/PH EXT: Clinical lab/41300

Test Name: **Urine Mps Chromatography**
Test Mnemonic: MPSTUR
Department: LAB - Metabolic Lab Send Out

Test Name: **Urine Mps Electrophoresis**
Test Mnemonic: MPSEL
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

CONTAINERS: Non-sterile cup or tube
SPECIMEN REQUIRED: 5 ml urine
MINIMUM SPECIMEN REQUIREMENT: 3 ml urine
SPECIMEN STORAGE/TRANSPORT REQUIREMENTS: Transport to lab on ice!
SEND OUT: Yes
TESTING DAYS: Monday thru Friday
TESTING HOURS: 9a.m. - 5p.m.
TURN-AROUND-TIME: Within 30 days

TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Chemistry/Extension 1311

Test Name: **Urine Mps Tlc**
Test Mnemonic: MPSTLC
Department: LAB - Metabolic Lab Send Out

Test Name: **Urine Mps-Mucopolysaccharide**
Test Mnemonic: MPSSC
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Urine Container
Volume Required: 5 ml urine/3 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extention: Chem/MDL/1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
Place urine in screw cap container and freeze immediately.

Test Name: **Urine Myoglobin Quantiative**
Test Mnemonic: MYOU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP
Volume Required: 2ML URINE
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Myoglobin Screen**
Test Mnemonic: UMYO
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Transport to lab within 1 Hr of collection
Specimen Container: Non-sterile container
Volume Required: 10 ml urine/6 ml minimum
Specimen Transport: Send via Tube System

Testing Days/Hours: Testing performed 24 hours/day, 7 days/week;
may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: **Urine N-Acetylaspartic Acid**
Test Mnemonic: N-AAA
Department: LAB - Metabolic Lab Send Out

Container: Non-sterile
Volume: Minimum 5 cc urine
Special Instructions: Send out test.

Test Name: **Urine N-Telopeptide,X-Linked**
Test Mnemonic: NT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 30 ml urine/20 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day,
7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Ng (Gc) Pcr**
Test Mnemonic: NGPCRUR
Department: LAB - Molecular Biology

COLLECTION INSTRUCTIONS:

IF THIS TEST IS BEING ORDERED ON A PRE-PUBERTAL CHILD OR AN OLDER CHILD WHO IS NOT SEXUALLY ACTIVE AS PART OF A SEXUAL ABUSE EVALUATIION, IT SHOULD ONLY BE CONSIDERED A SCREENING TOOL. IT IS NOT DIAGNOSTIC OF INFECTION WITHOUT FOLLOW-UP CONFIRMATORY TESTING IN THESE GROUPS OF PATIENTS.

Patient Preparation: Patient should not have urinated within 1 hour
for use with Aptima Urine collection kit.
Specimen should be 2ml first catch (dirty) urine in Aptima urine
tube or 1 endocervical/urethral swab
in Aptima swab tube.
Limitation to Procedure: Aptima transport tube
Specimen Container: Aptima transport tube
Volume Required: 1 Aptima mini swab (endocerival/urethral) or 2ml
first catch (dirty) urine
Specimen Transport: RT
Testing Days/Hours: mON, WED, FRI
Turn Around Time: 48
Lab Section/Phone Extension: MDI ext 44242

An on-line course for using the Aptima collection system is available
on the ACH training site under Lab General:
Course number 3407: Class: Aptima Unisex Swab and Urine Collection
for Chlamydia, Gonorrhoea, and Trichomonas PCR

Test Name: **Urine Nicotine & Metabolites**
Test Mnemonic: NICUR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: URINE COLLECTION CUP/TUBE
Volume Required: 3ML URINE (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 5 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Opiates, Sgl Drug Class**
Test Mnemonic: UOP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Organic Acids**
Test Mnemonic: OAC
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 20 ml urine/5 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: May be collected 24 hours/day, 7 days/week. Performed in House.
Turn Around Time: 30 days
Lab Section/Phone Extension: Chem/MDL/Extension 4-1311
LAB PROCESS INSTRUCTIONS: CRITICAL FROZEN TEST. Place urine in TWO separate screw cap containers and freeze immediately.

Test Name: **Urine Osmolality**
Test Mnemonic: UOSM
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 1 ml urine/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Oxalate**
Test Mnemonic: OXA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Refrigerate specimen during collection
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine P-Hydroxyphenyl Cmp**
Test Mnemonic: P-OHPHC
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile Container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Testing performed on Thursday; may be collected 24 hours/day, 7 days/week.
Turn Around Time: Up to 7 days
Lab Section/Phone Extension: Chem/MDL/1311

Test Name: **Urine Pcp, Sgl Drug Class**
Test Mnemonic: UPCP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24

hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Ph**
Test Mnemonic: UPH
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 mL urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Phosphorous**
Test Mnemonic: UPO4
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Porphobilinogen, Quant**
Test Mnemonic: PORB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Refrigerate specimen during collection and protect from light
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Protect specimen from light and refrigerate

Test Name: **Urine Porphyrin**

Test Mnemonic: UR POR
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 10 ml urine/6 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 0700-2300/may be collected 24 hours/day, 7 days/week.
Turn Around Time: Within 24 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Porphyrins, Quantitative**
Test Mnemonic: POR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Refrigerate specimen during collection and protect from light
Specimen Container: 24 Hr Urine Container
Volume Required: 10 ml aliquot of 24 Hr urine/5 ml minimum
Specimen Transport: Do Not send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 5-7 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Protect specimen from light and refrigerate.

Test Name: **Urine Potassium**
Test Mnemonic: UK
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container
Volume Required: 2 mL Urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Pregnancy Profile**
Test Mnemonic: UPRG
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Transport to lab within 1 Hr of collection
Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum

Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1315

Test Name: **Urine Protein Electrophoresis**
Test Mnemonic: PROT EL UR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 20 ml urine/15 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 7-10 days
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Serotonin (5-Hiaa)**
Test Mnemonic: 5HIAA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENTS SHOULD ABSTAIN, IF POSSIBLE, FROM MEDICATIONS, OVER-THE COUNTER DRUGS, AND HERBAL REMEDIES FOR AT LEAST 72 HOURS PRIOR TO THE TEST. FOODS RICH IN SEROTONIN (AVOCADOS,BANANAS, EGGPLANT, PINEAPPLE, PLUMS, TOMOTOES, WALNUTS) AND MEDICATIONS THAT MAY AFFECT METABOLISM OF SEROTONIN MUST BE AVOIDED AT LEAST 72 HOURS BEFORE AND DURING COLLECTION OF URINE FOR HIAA
Limitation to Procedure: CAN BE 24 HOUR OR RANDOM URINE COLLECTION 24 HOUR COLLECTIONS MUST BE REFRIGERATED DURING COLLECTION, RECORD TIME INTERVAL OF COLLECTION ON CONTAINER
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER, OR URINE CUP
Volume Required: 5ML URINE (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM (ONLY IF RANDOM COLLECTION), DO NOT SEND 24 HOUR COLLECTION CONTAINERS THROUGH TUBE SYSTEM
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 72 HOURS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: RECORD TOTAL VOLUME AND COLLECTION TIME INTERVAL IN SPECIMEN COMMENTS

Test Name: **Urine Sodium**
Test Mnemonic: UNA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: NonSterile container

Volume Required: 2 mL Urine/1 mL minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Specific Gravity**
Test Mnemonic: USG
Department: LAB - Urinalysis

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Stone Risk Assessment**
Test Mnemonic: SRP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER:
VOLUME REQUIRED: 24 HR. URINE COLLECTION
SPECIMEN TRANSPORT: MUST BE HAND CARRIED TO THE LAB
TESTING DAYS/HOURS: SENT OUT; MAY BE COLLECTED 7 DAYS/WK, 24 HR/DAY
TURN AROUND TIME: 1-3 DAYS, DEPENDING ON THE DAY OF COLLECTION

LAB SECTION/PHONE: SEND-OUTS 4-1300
COMMENTS:
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Urine Succinyl Aceton**
Test Mnemonic: SAC
Department: LAB - Metabolic Lab - Urine/Stool

COLLECTION INSTRUCTIONS:
Limitation to Procedure: May be ordered STAT; M.D. must call Dr. Goodman to justify Stat procedure; contact MDL/1311
Specimen Container: Non-sterile container
Volume Required: 5 ml urine
Specimen Transport: Send via Tube System on ice. First place specimen container(s) in an empty plastic bag to protect the label(s); then place the bagged specimen in a second plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Sent out on Wednesdays; may be collected

24 hours/day, 7 days/week.
Turn Around Time: Complete results within 30 days; Stat results within 2 days.
Lab Section/Phone Extension: Chem/MDL/1311
LAB PROCESSING INSTRUCTIONS: CRITICAL FROZEN TEST
Place urine in screw cap container and freeze immediately.

Test Name: **Urine Succinyl Purine Scr**
Test Mnemonic: SUP
Department: LAB - Metabolic Lab Send Out

SPECIMEN REQUIRED: 10 - 20 ML URINE
MINIMUM SPECIMEN REQUIRED: 2 ML URINE
Special Instructions: Place on ice.
SEND OUT: YES
TESTING DAYS: MONDAY - FRIDAY
TESTING HOURS: 9 AM - 5 PM
TURN-AROUND TIME: RESULTS WITHIN 2 WEEKS

Test Name: **Urine Sulfites**
Test Mnemonic: USUL
Department: LAB - Metabolic Lab - Urine/Stool

Specimens for this test may ONLY be collected Monday thru Friday, from 7:00 am thru 3:00 pm. SEND SPECIMEN TO LAB IMMEDIATELY!

COLLECTION INSTRUCTIONS: Place on ice and transport to lab ASAP
CONTAINER: Non-sterile cup or tube
SPECIMEN REQUIRED: 1 mL urine
MINIMUM SPECIMEN REQUIREMENT: 1 mL urine
SEND OUT: No
TESTING DAYS: Monday through Friday
TESTING HOURS: 7:00 am through 3:00 pm
TURN-AROUND-TIME: 24 hrs
TRANSPORTABLE THROUGH TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Metabolics/ext. 1311
COMMENTS: Send to lab immediately! Must be resulted within 2-3 hours.

Test Name: **Urine Tetrahydrocortisol**
Test Mnemonic: TETHYCORTISOL
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: MUST BE 24 HOUR URINE COLLECTION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: N/A
Specimen Transport: COURIER - DO NOT SEND THROUGH TUBE SYSTEM

Testing Days/Hours: MON-FRI
Turn Around Time: 1-2 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT START AND STOP TIMES ON REQUISITION

**Lab Processing Instructions:

Test Name: **Urine Total Protein**
Test Mnemonic: UTP
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Trimethylamine**
Test Mnemonic: TMA
Department: LAB - Metabolic Lab - Urine/Stool

Container: Special sterile container - Obtain in lab.
SPECIMEN REQUIRED: 10 ML URINE IN GLASS CONTAINER ON ICE
MINIMUM SPECIMEN REQUIRED: 5 ML URINE

Special Instructions: Seal tightly.
Place on ice and transport ASAP.

Test Name: **Urine Urea Nitrogen**
Test Mnemonic: UUREA
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container
Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Uric Acid**
Test Mnemonic: UURI
Department: LAB - Chemistry Urines

COLLECTION INSTRUCTIONS:

Specimen Container: Non-sterile container

Volume Required: 2 ml urine/1 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Urine Urobilinogen Quant**
Test Mnemonic: URB
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT
Specimen Container: 24HR URINE COLLECTION CONTAINER
Volume Required: 25ML (24HR COLLECTION)
Specimen Transport: COURIER (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments: DOCUMENT COLLECTION HOURS (START AND STOP TIME) ON TEST REQUISITION

**Lab Processing Instructions:

Test Name: **Urine Vanillymandelic Acid 24h**
Test Mnemonic: VMA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS PRIOR TO COLLECTION
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:
RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: **Urine Vanillymandelic Acid Ran**
Test Mnemonic: VMA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A

LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
Specimen Container: URINE COLLECTION CUP
Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Viracor Bkv Dna**
Test Mnemonic: UVBKV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

SPECIMEN CONTAINER: 5.0ML STERILE URINE TUBE
VOLUME REQUIRED: 3.0ML URINE
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
SEND OUT: YES, TO VIRACOR LABS
TURN AROUND TIME:
LAB SECTION/PHONE: EXT SEND OUT 4-1300
COMMENTS:
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Urine Vma/Hva 24 Hour**
Test Mnemonic: VMAHVA24
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION
REFRIGERATE URINE DURING COLLECTION
DOCUMENT COLLECTION START AND STOP TIME ON REQUISITION
Specimen Container: 24 HOUR URINE COLLECTION CONTAINER
Volume Required: 4ML
Specimen Transport: TRANSPORT TO LAB ON ICE (DO NOT SEND THROUGH TUBE SYSTEM)
Testing Days/Hours: SUN-SAT/ 24HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:
RECORD TOTAL VOLUME/HOURS IN THE SPECIMEN COMMENT AND ON THE ALIQUOT LABEL

Test Name: **Urine Vma/Hva Random**
Test Mnemonic: VMAHVA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
LIMITATION TO PROCEDURE: ABSTAIN FROM MEDICATIONS 72 HOURS
PRIOR TO COLLECTION, SEND ON ICE
Specimen Container: URINE COLLECTION CUP

Volume Required: 4ML
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Urine Zinc**
Test Mnemonic: ZINCU
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: 24 Hr urine/refrigerated
Specimen Container: 24 Hr urine container
Volume Required: 15 ml urine/10 ml minimum from a 24 hour urine collection
Specimen Transport: Do Not Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 Days
Lab Section/Phone Extension: Chem/1310

Date/Time Collection Started: _____

Date/Time Collection Ended: _____

Ended By: _____

Test Name: **Valproic Acid**
Test Mnemonic: VALP
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Valproic Acid, Free**
Test Mnemonic: FVALP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO SERUM SEPARATOR TUBES
Specimen Container: RED TOP VACUTAINER
Volume Required: 2ML BLOOD (1ML MINIMUM)

Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: SEPARATE SERUM FROM CELLS ASAP

Test Name: **Vancomycin Level, Peak**
Test Mnemonic: PKVANC
Department: LAB - Chemistry

Time of medication administration and time of flush MUST be written on requisition delivered to Lab with specimen!! Do NOT draw sample from same line or above site of administration.

COLLECTION INSTRUCTIONS:
Patient Preparation: Peak specimen should be collected 2 hours after the START of the infusion. If an IV dose is given over 1 hour, draw peak level 1 hour after dose is completed. If the infusion runs over 2 hours, draw peak level immediately after infusion is complete.
Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.5 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
##########

Document EXACT times as follows:

Time Medication Administered:

Time flush completed:

##########

Test Name: **Vancomycin Level, Random**
Test Mnemonic: VANC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

Test Name: **Vancomycin Level, Trough**
Test Mnemonic: TVANC
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Green or Gold Top Microtainer or Vacutainer
Volume Required: 1 ml blood/0.7 ml blood minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 4 Hrs
Lab Section/Phone Extension: Chem/1310

##

EXACT time specimen collected:_____

##

Test Name: **Varicella Ag Screen**
Test Mnemonic: VZAG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:
CONTAINERS: Slide obtained from Virology Lab
SPECIMEN REQUIRED: Lesion scraping
MINIMUM SPECIMEN REQUIREMENT: Cellular material from the base of the lesion
LIMITATION TO PROCEDURE: Insufficient cellular material can cause false negative results.
SEND OUT: No
TESTING DAYS: Monday - Friday but may be collected 7 days/week
TESTING HOURS: 8:00a.m. - 4:30p.m. but may be collected 24 hours/day
TURN-AROUND-TIME: 8 hours
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: Virology/Extension 1630

Test Name: **Varicella Igg Antibody**
Test Mnemonic: VZIGG
Department: LAB - Virology

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 1.0 mL Whole blood; 0.5 mL minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed Tuesdays 0800 - 1630; May collect 24 hours/day, 7 days/week.
Turn around time: 1 - 7 days
Lab Section/Phone Extension: Virology 1630
**Lab Processing Instructions: Freeze at -20C

Test Name: **Varicella Zoster Aby Igm**

Test Mnemonic: VARZOSIGM
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Limitation to Procedure: HEMOLYZED,ICTERIC OR LIPEMIC SPEC'S
WILL BE REJECTED!
Specimen Container: 1-4ml Blood in Gold Vacutainer Tube
Volume Required: 2 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday
Turn Around Time: 2-6 DAYS
Lab Section/Phone Extension: Chem/1300

Test Name: **Vasoactive Intes Polypeptide**
Test Mnemonic: VIP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: PATIENT SHOULD BE FASTING
Limitation to Procedure: COLLECT IN PRE-CHILLED TUBE
PUT ON ICE IMMEDIATELY AFTER
COLLECTION
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER ON ICE
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SPIN,SEPARATE, AND
FREEZE PLASMA ASAP

Test Name: **Velocardiofacial Syndrome**
Test Mnemonic: VCFSYN
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

CONTAINERS: GREEN TOP vacutainer
SPECIMEN REQUIRED: 3 ML blood
SEND OUT: Yes
TESTING HOURS: 24 hours/day, 7 DAYS A WEEK
TURN-AROUND-TIME: 4-6 WEEKS
TRANSPORTABLE VIA TUBE SYSTEM: Yes
LAB SECTION/PHONE EXTENSION: SEND OUT 4-1300

Test Name: **Very Long Chain Fatty Acids**
Test Mnemonic: ALD/VLCFA
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Patient Preparation: 12-14 hour fast (overnight) prior to
collection is advised.

Specimen Container: Purple Top Vacutainer
Volume Required: 5 ml blood; 3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out; may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 weeks
Lab Section/Phone Extension: Chemistry/Metabolics 1311

Test Name: **Viracor Bkv Dna**
Test Mnemonic: VBKV
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

PATIENT PREPARATION:
LIMITATION TO PROCEDURE:
SPECIMEN CONTAINER: LAVENDER/PURPLE, 4.0ML BLOOD
VOLUME REQUIRED: 2.0ML BLOOD
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT TO VIRACOR LABS, M-F
TURN AROUND TIME: 3-5 DAYS, DEPENDING ON DAY OF COLLECTION
LAB SECTION/PHONE: EXT: SEND OUT 4-1300
COMMENTS: SEPERATE ORDERS ARE REQUIRED IF BOTH BLOOD AND URINE ARE TO BE TESTED
**LAB PROCESSING INSTRUCTIONS:

Test Name: **Viral Culture Blood/Bone Marr**
Test Mnemonic: VBLBM
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Green or purple top vacutainer
Volume Required: 2-5 mL of whole blood
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external contamination
Testing Days/Hours: Testing performed Mon-Fri 0700-1500, do not collect on Saturday
Turn-around Time: Prelim 72 hours; Final 3 weeks
Lab Section/Phone Extension: Virology/41630

**Lab Processing Instructions: Do not spin or refrigerate

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ Headache ___ Pleurisy
___ Stiff Neck ___ Fever
___ Paralysis ___ Rash/Lesion
___ Coma ___ Diarrhea
___ Upper Respiratory ___ Lymphadenopathy
___ Bronchitis ___ Peri/Myocarditis
___ Pneumonia ___ Conjunctivitis
Other: _____

Test Name: **Viral Culture Chlamydia**
Test Mnemonic: VCCH
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Dacron or rayon swab in viral transport media
Volume Required: One swab
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 48 hours; Final 96 hours
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ HEADACHE ___ PLEURISY
___ STIFF NECK ___ FEVER
___ PARALYSIS ___ RASH/LESION
___ COMA ___ DIARRHEA
___ UPPER RESPIRATORY ___ LYMPHADENOPATHY
___ BRONCHITIS ___ PERI/MYOCARDITIS
___ PNEUMONIA ___ CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Culture Csf**
Test Mnemonic: VCSF
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile tube
Volume Required: 1 mL
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 48 hours; Final 7 days
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ HEADACHE ___ PLEURISY
___ STIFF NECK ___ FEVER
___ PARALYSIS ___ RASH/LESION
___ COMA ___ DIARRHEA
___ UPPER RESPIRATORY ___ LYMPHADENOPATHY
___ BRONCHITIS ___ PERI/MYOCARDITIS
___ PNEUMONIA ___ CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Culture Eye**
Test Mnemonic: VEYE
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Dacron or rayon swab in viral transport media
Volume Required: One swab
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 1 week; Final 3 weeks
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ Headache ___ Pleurisy
___ Stiff Neck ___ Fever
___ Paralysis ___ Rash/Lesion
___ Coma ___Diarrhea
___ Upper Respiratory ___ Lymphadenopathy
___ Bronchitis ___ Peri/Myocarditis
___ Pneumonia ___ Conjunctivitis

Other: _____

Test Name: **Viral Culture Lesion**
Test Mnemonic: VLES
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures. Gram stain is included in order.

Specimen Container: Dacron or rayon swab in viral transport media
Volume Required: One swab
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: Prelim 1 week; Final 2 weeks
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ Headache ___ Pleurisy

___ Stiff Neck ___ Fever
___ Paralysis ___ Rash/Lesion
___ Coma ___ Diarrhea
___ Upper Respiratory ___ Lymphadenopathy
___ Bronchitis ___ Peri/Myocarditis
___ Pneumonia ___ Conjunctivitis

Other: _____

Test Name: **Viral Culture Stool**
Test Mnemonic: VST
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Limitation to Procedure: Stool or rectal swab accepted
Specimen Container: Sterile container or dacron or rayon swab in viral transport media.
Volume Required: see above
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500; may be collected 24 hours/day
Turn-around Time: 2 weeks
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ HEADACHE ___ PLEURISY
___ STIFF NECK ___ FEVER
___ PARALYSIS ___ RASH/LESION
___ COMA ___ DIARRHEA
___ UPPER RESPIRATORY ___ LYMPHADENOPATHY
___ BRONCHITIS ___ PERI/MYOCARDITIS
___ PNEUMONIA ___ CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Culture Urine**
Test Mnemonic: VUR
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile cup or tube
Volume Required: 2-3 mL urine
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag.

DO NOT SEND ON ICE.
Testing Days/Hours: Testing performed 7 days/week 0700-1500;
may be collected 24 hours/day
Turn-around Time: Prelim 72 hours; Final 3 weeks
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ HEADACHE ___ PLEURISY
___ STIFF NECK ___ FEVER
___ PARALYSIS ___ RASH/LESION
___ COMA ___ DIARRHEA
___ UPPER RESPIRATORY ___ LYMPHADENOPATHY
___ BRONCHITIS ___ PERI/MYOCARDITIS
___ PNEUMONIA ___ CONJUNCTIVITIS

OTHER: _____

Test Name: **Viral Respiratory Culture/Id**
Test Mnemonic: VRES
Department: MIC - Virology

Test Name: **Viral Tissue/Body Fluid C/Id**
Test Mnemonic: VTBF
Department: MIC - Virology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Sterile cup
Volume Required: 1-5 mL fluid
Specimen Transport: Send via Tube system, ASAP; assure container is tightly sealed with no external spillage. First place specimen container in an empty bag to protect the label, then place the bagged specimen in a second plastic bag which contains ice.
Testing Days/Hours: Testing performed 7 days/week 0700-1500;
may be collected 24 hours/day
Turn-around Time: Final 3 weeks
Lab Section/Phone Extension: Virology/41630

CHECK SYMPTOMS EXHIBITED BY THE PATIENT:

___ Headache ___ Pleurisy
___ Stiff Neck ___ Fever
___ Upper Respiratory ___ Lymphadenopathy
___ Bronchitis ___ Peri/Myocarditis
___ Pneumonia ___ Conjunctivitis
Other: _____

Test Name: **Vitamin A Level**
Test Mnemonic: VITA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum; protect from light
Specimen Transport: Send via Tube System; protect from light
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
Protect from light!

Test Name: **Vitamin B1 Level (Thiamine)**
Test Mnemonic: VITB1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT FROM LIGHT DURING COLLECTION AND TRANSPORT
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 3-4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST SEPARATE CELLS FROM PLASMA AND FREEZE ASAP

Test Name: **Vitamin B12 Level**
Test Mnemonic: B12
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum
* protect from light*
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-4 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
* protect from light*

Test Name: **Vitamin B2 Level (Riboflavin)**
Test Mnemonic: VITB2
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: DRAW BLOOD AFTER 12-14 HOUR FAST

NO VITAMIN SUPPLEMENT OR ALCOHOL
FOR PREVIOUS 24 HOURS
Limitation to Procedure: PROTECT FROM LIGHT
DURING COLLECTION AND TRANSPORT
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: TUES,FRI
Turn Around Time: 1-6 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM PLASMA
AND FREEZE ASAP

Test Name: **Vitamin B6 Level (Pyridoxine)**
Test Mnemonic: VITB6
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: GREEN TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER - PROTECT FROM LIGHT
Testing Days/Hours: SUN-SAT/ 24 HOURS/DAY
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Vitamin C Level**
Test Mnemonic: VITC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: FASTING PREFERRED
Limitation to Procedure: N/A
Specimen Container: GREEN OR PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN,TUES,THURS
Turn Around Time: 1-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions: CRITICAL FROZEN TEST
SEPARATE CELLS FROM PLASMA
AND FREEZE ASAP

Test Name: **Vitamin D: 1, 25-Dihydroxy**
Test Mnemonic: VITD125OH
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: NONE
Limitation to Procedure: NONE
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 5ML BLOOD (3 ML MINIMUM)
Specimen Transport: TUBE SYSTEM
Testing Days/Hours: 7 DAYS/WEEK
Turn Around Time: 3-4 DAYS
Lab Section/Phone Extension: REFERAL TESTING 4-1300

Test Name: **Vitamin D: 25-Hydroxy**
Test Mnemonic: 25OH VITD
Department: LAB - Chemistry

COLLECTION INSTRUCTIONS:

Specimen Container: Gold or Green Top Vacutainer
Volume Required: 2 ml blood/1 ml minimum; *See "Minimum Acceptable Volume per Tube Type" below.
Specimen Transport: Send via Tube System
Testing Days/Hours: May be collected 24 hours/day, 7 days/week.
Turn Around Time: 2 - 4 days
Lab Section/Phone Extension: Chemistry/1310

Test Name: **Vitamin E Level**
Test Mnemonic: VITE
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: No alcohol within previous 24 hours.
Specimen Container: Gold Top Vacutainer
Volume Required: 4 ml blood/2 ml minimum *protect from light*
Specimen Transport: Send via Tube System
Testing Days/Hours: Sent out;may be collected 24 hours/day, 7 days/week.
Turn Around Time: 3-5 days
Lab Section/Phone Extension: Chem/1310
**Lab Processing Instructions:
* protect from light*

Test Name: **Vitamin K1 Level**
Test Mnemonic: VITK1
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: PROTECT SPECIMEN FROM LIGHT
Specimen Container: GOLD TOP VACUTAINER
Volume Required: 3ML URINE (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-7 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Vlcad Gene Sequence Analysis**
Test Mnemonic: VLCADSEQ
Department: LAB - Metabolic Lab Send Out

Test Name: **Von Hippel-Lindau Del/Dup**
Test Mnemonic: VHL DELDUP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Von Hippel-Lindau Seq**
Test Mnemonic: VHL SEQ
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Von Willebrand Antigen**
Test Mnemonic: VWA
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled, or hemolyzed. Do not collect from heparinized lines.
Specimen Container: Blue Vacutainer
Volume Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL Whole Blood in each tube. Factor VIII, VW Antigen, and Ristocetin Cofactor may be performed from the same specimen.
Minimum Specimen Required: Two (2) 2.0 mL Vacutainer tubes; 1.8 mL

Whole Blood in each tube.
Spec Storage/Transport Requirements: Blue (Sodium Citrate)
Specimen Transport: Send via tube system at room temperature ASAP
NOT ON ICE
Testing Days/Hours: Testing generally performed on Tuesdays. May be
collected 24 hours/day, 7 days/week.
Turn Around Time: 2-9 days, depending on day of collection
(results available by Thursday PM)
Lab Section/Phone Extension: Hematology/1313
Comments: Because of the risk of specimen activation in traumatic
collection, performance of von Willebrand Workup is not
recommended in patients less than two years of age.

Test Name: **Von Willebrand Multimers**
Test Mnemonic: MUL
Department: LAB - Coagulation

COLLECTION INSTRUCTIONS:
Limitation to Procedure: Specimen must not be clotted, underfilled,
or hemolyzed. Do not collect from
heparinized lines.
Specimen Container: Blue Vacutainer
Volume Required: 1.8 mL Whole Blood in a 2.0 mL Vacutainer
(volume is crucial)
Minimum Specimen Required: 1.8 mL Whole blood in a 2.0 mL Vacutainer.
Spec Storage/Transport Requirements: Blue (Sodium Citrate)
Specimen Transport: Send via tube system on ice ASAP (must be within
30 minutes). First place specimen container(s)
in an empty plastic bag to protect the label(s);
then place the bagged specimen in a second
plastic bag which contains ice. Seal both bags.
Testing Days/Hours: Send out test; may be collected 24 hours/day,
7 days/week
Turn Around Time: 3 weeks
Lab Section/Phone Extension: Hematology/1313
Comments: Usually ordered in conjunction with von Willebrand Workup;
multimers are preferably performed from the same specimen
as the Workup.
**Lab Processing Instructions:
Processed and sent out by Hematology section.

Test Name: **Walnut Food Rast**
Test Mnemonic: RWALN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Walnut Tree Rast**
Test Mnemonic: RWAL
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Wasp Rast**
Test Mnemonic: RWASP
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Wbc Cystine Diagnostic**
Test Mnemonic: WBC CYS DIAG
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:
LAB PROCESSING INSTRUCTIONS: ****DO NOT SPIN****
SPECIMEN REQUIRED: 5-10 ML BLOOD IN GREEN TOP VACUTAINER PLUS
CONTROL SPECIMEN FROM UNAFFECTED INDIVIDUAL
MINIMUM SPECIMEN REQUIRED: 5 ML BLOOD + 5 ML CONTROL
SPEC STORAGE/TRANSPORT REQUIREMENTS: CALL LAB EXT. 4-1311
BEFORE DRAWING BLOOD
Lab must be notified before blood is drawn;41311
LIMITATION TO PROCEDURE: SEE COMMENT BELOW
SEND OUT: TO UCSD, SAN DIEGO, CA
TESTING DAYS: MONDAY - FRIDAY
TESTING HOURS:
TURN-AROUND-TIME: 2-3 WEEKS

TRANSPORTABLE THROUGH TUBE SYSTEM: YES

Test Name: **Wbc Cystine Monitoring**
Test Mnemonic: WBC CYS
Department: LAB - Metabolic Lab Send Out

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Lab must be notified before blood is drawn;
patient must have appointment with lab for this test to be
performed. PLEASE call ext. 1311 BEFORE drawing
Specimen Container: Green Top Vacutainer
Volume Required: 10 ml blood/5ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: Send out; may be collected Mon-Fri 0700-1100 only
Turn Around Time: Results sent to physician
Lab Section/Phone Extension: Chemistry/MDL 1311
Comments:
**Lab Processing Instructions: DO NOT SPIN!!

Test Name: **Westergren Ery Sed Rate**
Test Mnemonic: WESR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 2ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1 DAY
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Western Blot (Hiv)**
Test Mnemonic: WBL
Department: LAB - Virology

Test Name: **Western Blot (Htlv)**
Test Mnemonic: WBLH
Department: LAB - Virology

Test Name: **Wheat Rast**
Test Mnemonic: RWHT
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **White Blood Cell Count**
Test Mnemonic: WBC
Department: LAB - Hematology

COLLECTION INSTRUCTIONS:

Limitation to Procedure: Specimen must not be clotted.
Specimen Container: Purple Top Microtainer or Vacutainer
Volume Required: 0.25 ml (to bottom fill line) in microtainer or
1.0 ml in vacutainer
Specimen Transport: Send via Tube System
Testing Days/Hours: Testing performed 24 hours/day, 7 days/week
May be collected 24 hours/day, 7 days/week
Turn Around Time: 4 hours
Lab Section/Phone Extension: Hematology/1313

Test Name: **White Faced Hornet Rast**
Test Mnemonic: RWHORN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Whole Mitochondrial Gene Seq**
Test Mnemonic: WHOLEMTDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER

Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Wiskott-Aldrich Syndrome Dna**
Test Mnemonic: WASDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

SPECIMEN CONTAINERS: PURPLE TOP VACUTAINER
VOLUME REQUIRED: 4.0ML
SPECIMEN TRANSPORT: SEND VIA TUBE SYSTEM
TESTING DAYS/HOURS: SENT OUT; MAY COLLECT 7DAYS/WK, 24 HRS/DAY
TURN AROUND TIME: 4-6 WEEKS
LAB SECTION/PHONE EXT: SEND OUTS 4-1300

Test Name: **Wound Culture**
Test Mnemonic: WCR
Department: MIC - Microbiology

COLLECTION INSTRUCTIONS:
See Clinical Policies/Procedures Drawer in Nursing Division Info Cabinet for proper collection procedures.

Specimen Container: Tissue - sterile cup
Fluid - sterile cup, tube, or capped syringe
If the above cannot be obtained, a well-inoculated swab/culturette (BLUE) is acceptable
Volume Required: 1-10 mL of fluid, tissue, as available, culturette
Specimen Transport: Send via tube system, ASAP, assure container is tightly sealed w/no external contamination
Testing days/hrs: Testing performed 7days/wk 0700-1500; may be collected 24 hr/day
Turn around time: Sterile sites- Prelim 24 hrs, Final 5 days; Non-sterile sites- Prelim 24 hrs, Final 48-72 hrs
Lab Section/Phone Extension: Microbiology/41871

Test Name: **X-Inactivation Analysis**
Test Mnemonic: XINACT
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 1-4 WEEKS

Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **X-Inactivation Dna Analysis**
Test Mnemonic: XINACTDNA
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **X-Linked Adrenoleukodystrophy**
Test Mnemonic: XLADLEUDYS
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 4ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-THURS
Turn Around Time: 4-8 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **X-Linked Agammaglobinemia Seq**
Test Mnemonic: XLINKED BTK
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: NO BULLET (MICROTAINER) TUBES
Specimen Container: PURPLE TOP VACUTAINER
Volume Required: 3ML BLOOD (2ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Xlmr Super Panel Eval**

Test Mnemonic: XLMRSP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE AND GREEN TOP VACUTAINER
Volume Required: 2ML BLOOD IN EACH TUBE (ONE PURPLE, ONE GREEN)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4-6 WEEKS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Yellow Faced Hornet Rast**
Test Mnemonic: RYELHORN
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Yellow Jacket Rast**
Test Mnemonic: RYELJACK
Department: LAB - Special Immunology

COLLECTION INSTRUCTIONS:

Patient Preparation: None
Limitation to Procedure: None
Specimen Container: gold vacutainer
Volume Required:3.0 ml whole blood for 20 allergens. (Serum minimum volume required: 0.3 mL serum for one allergen and additional 0.04ml for each additional allergen.)
Specimen Transport:RT
Testing Days/Hours: M-F 8am
Turn Around Time:2-4 days
Lab Section/Phone Ext: Immunology 44242
Comments: Allergen (RAST) Testing Form can be completed indicating specific allergens requested by physician if not orderable. Form can be signed by physician and placed in patient's chart.

**Lab Processing Instructions:

Test Name: **Zarontin (Ethosuximide)**
Test Mnemonic: ZAR
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: RED, GREEN, OR PURPLE TOP VACUTAINER
Volume Required: 5ML BLOOD (3ML MINIMUM)
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: SUN-SAT
Turn Around Time: 1-2 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Zinc Level**
Test Mnemonic: ZINC
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Specimen Container: Metal-free syringe - obtain from Lab
Volume Required: 4 ml blood/3 ml minimum
Specimen Transport: Send via Tube System
Testing Days/Hours: May be collected 24 hours/day, 7 days/week
Turn Around Time: 48-72 hours
Lab Section/Phone Extension: Referred Testing/1300

Test Name: **Zinc Protoporphyrin, Rbc**
Test Mnemonic: ZINCPP
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:

Patient Preparation: N/A
Limitation to Procedure: N/A
Specimen Container: PURPLE TOP VACUTAINER OR TAN TOP VACUTAINER
Volume Required: 1ML BLOOD
Specimen Transport: TUBE SYSTEM/COURIER
Testing Days/Hours: MON-FRI
Turn Around Time: 4 DAYS
Lab Section/Phone Ext: REFERRAL 4-1300
Comments:

**Lab Processing Instructions:

Test Name: **Zonegram (Zonisamide) Level**
Test Mnemonic: ZON
Department: LAB - Send Out Test

COLLECTION INSTRUCTIONS:
Limitation to Procedure: NO SERUM SEPERATOR TUBES
Specimen Container: 3ml Blood in Red Top Tube (Green & Lavender acceptable)
Volume Required: 3 ml Blood
Specimen Transport: Room Temperature
Testing Days/Hours: Monday - Friday

Turn Around Time: 2-5 DAYS
Lab Section/Phone Extension: Chem/1300